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ABSTRACT

This annual publication represents the first edition of the Colorado Counseling Association journal following its reorganization and rebirth. The articles include: (1) "Sexual Harassment on Campus: Does Having a Policy Help?" (Sue Spooner); (2) "It's a Dog's Life: A Pilot Study Investigating the Effects of the Human-Animal Bond on a Child with Attention Deficit-Hyperactivity Disorder" (Jennifer Lieber and Elizabeth Fassig); (3) "Seasons Change and So Do I" (John F. Arman); (4) "Contraceptive Use Among Adolescent Males" (Tracy D. Baldo and Miao-Jung Lin); (5) "High Play Therapy: The Use of Adventure Programs with Adolescents" (Beverly A. Snyder); (6) "Assimilating New Faculty: Mentoring in Counselor Education" (John Arman and Ten McCartney); (7) "Fawn" (Monte Zerger); (8) "Lessons from Ombudsing: Assisting Individual Clients in Effectively Resolving Interpersonal Conflicts" (Tom Sebok); (9) "Journey of the Soul" (Bret Zerger); (10) "Coming to Awareness: One Child's Journey" (Beth Fassig and Linda Black); and (11) Book Review: "Learning, Practicing, and Living the New Careering" by Anna Miller-Tiedeman (reviewed by Vickie Wickhorst and Rich Feller). (Contains 6 tables and 169 references.) (JDM)

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AWARENESS

Journal of the Colorado Counseling Association

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Annual Publication of the Colorado Counseling Association
Fall 2001

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A few words from the editor

Finally, with a sigh of relief, this issue of the Awareness journal is going to press! It seems fitting that, as the first issue of the journal since the "re-birthing" of CCA, it has emerged after much labor. This has truly been a collaborative effort. The authors of the various articles have worked to bring out their best. We are fortunate to have a variety of pieces. You will notice several familiar names, leaders in the counseling field here in Colorado. There are also new voices that are clearly making a contribution to our awareness of counseling.

The contributions and hard work of the editorial board members, Laura Basse and Sharon Anderson, have helped to make this journal an interesting and valuable reading experience.

It is through the efforts of Celine Marko and Bret Zerger that everything was pulled together. Their exceptional creativity and dogged perseverance has really allowed this work to happen.

Finally, it is my wish that something speaks to you in these readings, either professionally or personally. The poet David Whyte wrote that "sometimes everything has to be inscribed across the heavens so you can find the one line already written inside you." I hope that your own awareness of yourself and your work is enhanced through some of the following pieces. So thanks to all who have made this possible and thanks to you, the readers. Perhaps without realizing it, you contributed to our inspiration.

Susan Varhely
Editor

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Journal of the Colorado Counseling Association

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SEXUAL HARASSMENT ON CAMPUS: DOES HAVING A POLICY HELP?

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University of Northern Colorado

Over the last several years, college campuses have struggled with how to manage the issues surrounding sexual harassment (Bogart & Stein, 1987; Paludi & Barickman, 1991). Efforts to manage this problem have included educational approaches, (Sandler, 1993; Gutherie-Morse, 1996; Lott & Reilly, 1996; Marshal, 1996). Faculty have sanctions, and procedures to be followed, which seem to vary from loosely defined to tightly structured debated over academic freedom, personal rights, and power (Brand & Stitt, 1996; Paludi, 1996 of the validity of their concerns about sexual harassment in student-to-student, faculty-to-student, and staff-to-staff or
student behaviors (Diehl, 1996; Sandler & Shoop, 1997). Female m). Staff, particularly student affairs staff, have agonized over how to persuade other campus leaders embers of higher education communities have typically been more concerned than males, but they have been joined by concerned male members of the community in the struggle to create awareness and up-front action (Landis, 1996; Dziech & Hawkins, 1998; Paludi & Barickman, 1998).

At one medium-sized campus in the Rocky Mountain West, an existing campus organization, The Commission for Women, undertook to provide campus leadership on preventing and increasing awareness of sexual harassment. In 1993, a special task force began work on a policy, and later, a procedures document, which set limits on certain behaviors, and established definitions of kinds of harassment. Meanwhile, another task force set out to understand the level of awareness on campus by surveying students, faculty, classified personnel, and administrators. This first survey was administered in the fall term of 1993, while the original policy was being established. It was intended to inform and illuminate the need for the policy, which unfortunately became mired in campus politics.

After lengthy debate and many setbacks and reverses, the policy document was finally adopted by the University's Board of Trustees in 1995. At the same time, the procedural document, which set forth grievance procedures to be followed by a petitioner as well as suitable sanctions and hearing procedures, was adopted by the University. The administration then mandated that all faculty and staff participate in training to ensure that every member of the community on the payroll be aware of the new policy and procedures. There was, of course, much grumbling, griping and grousing about this mandate, however a surprisingly large number actually took part in one of the many workshops put on by the affirmative action office with the assistance of the staff development trainer.

Students were made aware of the existence of the policy and procedures via the student handbook, orientations, and programming within the residence halls. Some student affairs offices, such as the Women's Resource Center and the Assault Survivors Advocacy Program, also undertook efforts to educate the student community. The student newspaper ran several articles, mainly about the political struggle to gain adoption of the policy.

In the spring of 1997, the Research Task Force of the Commission for Women again surveyed the various campus groups in an effort to learn whether there had been any changes in the level of awareness, the frequency of the sanctioned behaviors, and so forth. At the same time, revisions to the policy were adopted based on experience with the original. There was less uproar and opposition to these changes. This article describes the findings from the two surveys.

INSTRUMENT DEVELOPMENT

In 1993, as a result of the concerns expressed in discussions held by the university's Commission for Women, the Research Task Force was charged by the Commission to develop and conduct a survey on sexual harassment to be administered on the university campus. A committee consisting of faculty and classified personnel from residence life, the campus police department, and faculty and staff from five departments across campus helped construct and refine the survey instrument. A pool of possible items to be included in the Sexual Harassment Survey (SHS) was developed by the members of the Commission, the Task Force and committee members. The SHS was modified four times before it was considered appropriate for use as a measure of sexual harassment. The final version of the SHS was piloted in an undergraduate class. Necessary minor revisions were made and the final version of the instrument was constructed. The same survey was used in both 1993 and 1997. The definition of sexual harassment was stated on both surveys: Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct that is sexual in nature:

* When submission to conduct is made an implicit or explicit condition of employment;
* When submission or rejection of such conduct affects employment opportunities;
* When the conduct interferes with an employee's/student's work or creates an intimidating, hostile, or offensive work/study/learning environment.

PROCEDURE

The 1993 survey and surveying procedures were approved by the university's Internal Review Board on participation of human subjects in research. Sampling was done in two stages. First, a random sample of undergraduate and graduate classes yielded a pool of undergraduate and graduate students. A 1-in-5 systematic sample, with a random start, was conducted twice and resulted in the selection of 10 graduate classes and 32 undergraduate classes. Thus, the ratio of undergraduate and graduate students was approximately the same as that of the student body. Undergraduate volunteers were trained as research assistants, who administered the surveys in the selected classes. Surveys were sent to all faculty, classified staff, and administrators through campus mail. No attempt was made to contact non-repliers. In 1993, the survey was completed by 802 individuals (406 undergraduate students, 80 graduate students, 130 faculty, 107 classified personnel, 38 administrators and 41 individuals who did not report their academic/professional status).

In 1997, the survey was completed by 655 individuals (418 undergraduate students, 162 graduate students, 17 faculty, 29 classified personnel, 4 administrators, and 26 individuals who did not report their academic/professional status). The students were selected using the sampling procedure used in 1993. Because of limited funding in 1997, surveys were sent to 33% instead of 100% of the faculty, staff, and administrators. In 1993, 5% of the university's enrolled undergraduate and graduate students completed the survey. In 1997, 5% of the undergraduate students and 10% of the graduate students completed the survey.

RESULTS

The first question on the survey was: Do you know that the university has an institutional policy prohibiting sexual harassment? Table 1 shows the numbers and proportions of respondents who answered "yes" to this question. From 1993 to 1997, there was a significant increase (from .62 to .70) in the proportion of undergraduate students who knew about the policy (Chi-square = 6.43, p = .0112, df = 1), and a substantial increase (from .52 to .65) in the proportion of graduate students who knew about the policy (Chi-square = 3.63, p = .0566, df = 1). Although, from 1993 to 1997 there was an increase in the proportion of males (from .72 to .77) who new about the policy, there was a very slight decrease in the proportion of females (from .70 to .69) who knew about the policy. In 1993 the proportions of males (.72) and females (.70) who knew about the policy were not significantly different, but in 1997 the proportion of males (.77) who knew about the policy was significantly higher than the proportion of females (.69) who knew about it (Chi-square = 3.89, p = .0487, df = 1). Overall, .71 of the respondents in both 1993 and 1997 knew about the sexual harassment policy (see Table 1).

The second question on the survey was: Where did

you FIRST learn about the sexual harassment policy at the university? The respondents, who did not have knowledge of the policy (i.e., they responded "no" to the first question), skipped this question. In 1997, .58 of the 446 respondents learned about the policy from the student handbook, university orientation, and the classroom. This was a significant increase from 1993 when .38 of the 524 respondents learned about the policy from these three sources (Chi-square = 41.99, p = .0000, df = 1). Table 2 summarizes the recorded responses to this question (see Table2).
* NOTE: In 1993, these three sources accounted for 38% of all sources, and in 1997, they accounted for 58% of all sources

In the 1993 survey, 92% of the harassers of females were males. In 1997, 95% were males. In both years, 63% of the harassers of males were other males. Respondents rated (3 = very well, 2 = somewhat, 1 = not at all) their perceptions of how well various university groups understood sexual harassment. Means, standard deviations (SD), and effect sizes (Cohen, 1988) of the recorded ratings are summarized in Table 3. In both 1993 and 1997, the highest mean rating was for "administrators" and the lowest mean rating was for "undergraduates". The largest effect sizes (e.s.= .42) were for faculty and staff and the lowest were for undergraduates and graduate students (e.s. = .18) (see Table 3).

Among all respondents, there was a decrease from .31 in 1993 to .23 1997 in the proportion of "yes" responses to the question: Would you use the university's sexual harassment complaint procedure if you experienced sexual harassment? In 1993, .31 of males surveyed were undecided about whether or not they would use the procedure, but in 1997, the proportion of undecided male respondents decreased to .23. Proportionally, there were .09 more males in 1997 who said they would not use the procedure than there were in 1993. A significantly larger proportion of females than males reported they would use the procedure in both 1993 (Chi^2 = 8.74, p = .0126, df = 1) and 1997 (Chi^2 = 27.78, p = .0000, df = 1). The distributions of responses in 1993 and 1997 were substantially different for males (Chi^2 = 4.25, p = .1191, df = 1) with fewer undecided and more non-users in 1997 than in 1993 among males. The distributions of responses did not differ significantly in 1993 and 1997 for females (Chi^2 = 1.00, p = .6067, df = 1). Table 4 summarizes these data (see Table 4).

The respondents, who said they would not use the process, were provided with a list of reasons and were asked to check all the reasons why they would not use the sexual harassment complaint procedure. The reasons listed were: fear of retaliation, lack of trust in "the system", fear of damage to your reputation, fear of loss of respect from coworkers/peers, unsure of procedures to use to make a complaint, fear that you might have caused it, embarrassment, desire to forget it, no support from others, would handle it informally in a satisfactory way, not important, or "other reason". One noticeable difference between 1993 and 1997 was that in 1993 18% of the respondents, who said they would not use the sexual harassment complaint procedure, gave the reason "no support from others", and 8% gave the reason "fear that you might have caused it". In 1997, these two reasons were not included by any of the respondents as reasons why they would not use the sexual harassment complaint procedure. In both years, the top three reasons for not using the procedure were "lack of trust in the system", "I would handle the complaint informally", and "unsure of the complaint procedure".

There was a decrease from 1993 to 1997 in the proportions of reported harassment experiences (see Table 5) for all but three types of experiences. There was a slight increase from 1993 to 1997 in the proportions of respondents who said they experienced "sexually oriented misbehavior at least once" (.07 difference) and "pressure for sexual favors" (.05 difference). The proportions of respondents reporting "sexually suggestive, nonverbal behavior" were the same in both 1993 and 1997. The decrease from .51 in 1993 to .46 in 1997 in the proportion of respondents reporting having experienced "derogatory comments about men or women in general" was significant (Chi-Square = 4.11, p = .0426, df = 1). The decrease from .29 in 1993 to .25 in 1997 in the proportion of respondents reporting having experienced "sexual remarks directed at me" was substantial (Chi-square = 3.51, p = .0609, df = 1). The proportion of respondents who reported having experienced "unwelcome touching, patting, or other forms of fondling" decreased substantially from .13 in 1993 to .10 in 1997 (Chi-square = 2.54, p = .1110, df = 1).

In 1993, 20% of those who reported an

incident continued to be harassed, while in 1997, only 7% of the respondents who reported cases of harassment continued to be harassed.

DISCUSSION

From 1993 to 1997 (Table 1), there was a statistically significant increase in the proportion of undergraduate students and a substantial increase in the proportion of graduate students, who knew about the university's sexual harassment policy. From 1993 to 1997, proportionally more men than women learned about the policy. This divergence in knowledge of the policy between men and women, resulted in 1997, in a significantly higher proportion of men than women knowing about the policy. It appears that the mandated training has been effective in increasing awareness among classified personnel and administrators, although it is difficult to generalize because of the small 1997 sample sizes.

Compared to 1993 (Table 2), in 1997 the proportion of students who learned about the university's sexual harassment policy from orientation, the student handbook, and in the classroom increased significantly. In the earlier year, twice as many of the respondents said they heard about the sexual harassment policy by "word of mouth" from colleagues/peers. It appears from these data that the sexual harassment policy became more institutionalized during the four years from 1993 to 1997.

From 1993 to 1997 (Table 3), the perception of understanding of sexual harassment increased for all campus groups. The greatest increase were for faculty and staff and the least for undergraduate and graduate students. Based on these data, the university policy on sexual harassment had more of an impact on the campus workforce than on the students. The increase in perceived understanding among the university's community was encouraging.

In both 1993 and 1997 (Table 4), about one-half the university community reported that they would not use the sexual harassment complaint procedure. Significantly more women than men said they would use the procedure in 1993 and 1997. In 1993 there was more indecision among the men about whether or not they would use the procedure than there was in 1997. Disappointedly, the shift among the undecided men was toward not using the complaint procedure, rather than toward using it.

Unlike 1993, in 1997 (Table 5) there was no evidence that the victims of sexual harassment felt the harassment was their fault, nor that they wouldn't receive support if they reported sexual harassment. This shift in attitude toward blaming themselves for harassment was positive, as was the shift away from feeling victims of harassment do not get support on campus. But the campus community, as a whole, remained unsure about the complaint procedure and did not trust the system. Although awareness had increased, confidence in the process available for victims was not widely accepted.

Harassment experiences decreased from 1993 to 1997. The most significant improvement was in fewer derogatory comments about men and women. Compared to 1993, in 1997 there were fewer experiences with offensive sexual remarks and unwelcome touching, patting, or fondling. The increase from 1993 to 1997 in the proportion of respondents reporting "pressure for sexual favors" experiences was disappointing. Although the improvements from 1993 to 1997 in sexual harassment experiences were not statistically significant, from the perspective of large numbers, several of the improvements were *meaningful* (see Table 6).

CONCLUSIONS

Apparently having a sexual harassment policy *does* make a difference, on the positive side, in both awareness and behavior. The educational effort undertaken by an institution is critical to making a policy effective. Of course, one could point out that publicity about sexual harassment on campus in the political arena on the national scene has also affected levels of awareness. It would be difficult to separate the effects of raised awareness in general from the effect of local endeavors. Nevertheless, the important outcome is that change occurred. Overcoming campus resistance to developing a sexual harassment policy requires much patience and perseverance. Once such a policy is established, there needs to be a targeted effort to educate each constituency within the community to its existence, and to the procedures available to respond to and remedy harassing behaviors.

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Table 1: Numbers and Proportions of Respondents in 1993 and 1997 Who Indicated that they Knew the University Had a Sexual Harassment Policy

	1993	1997			
	N	Knew about policy	N	Knew about policy	Change
Undergraduate students	406	252 (.62)	416	293 (.70)	+.08
Graduate students	80	42 (.52)	161	105 (.65)	+.13
Classified personnel	105	94 (.89)	29	29 (1.00)	+.11
Faculty	129	113 (.88)	17	15 (.88)	0
Administrators	38	33 (.87)	3	3 (1.00)	+.13
Unclassified status	40	31 (.78)	26	19 (.73)	-.05
Females	520	366 (.70)	443	305 (.69)	-.01
Males	258	185 (.72)	192	147 (.77)	+.05
Unclassified gender	20	14 (.70)	17	12 (.71)	+.01
Total respondents	798	565 (.71)	652	464 (.71)	
Non-respondents	4		3		

Table 2: Proportions of Respondents Who First Learned about the University's Sexual Harassment Policy from Campus Sources

Source of Knowledge of the Policy	1993	1997	Change
• Student Handbook	108 (.21)	106 (.24)	+.03
Colleague(s) / Peer(s)	86 (.16)	38 (.09)	- .07
• University orientation	56 (.11)	95 (.21)	+.10
Faculty	37 (.07)	19 (.04)	-.03
Resident life staff	36 (.07)	35 (.08)	+.01
• Classroom	30 (.06)	57 (.13)	+.07
Faculty handbook	30 (.06)	5 (.01)	-.05
Administrator	29 (.06)	7 (.02)	-.04
Codification	11 (.02)	2 (.004)	-.02
Chair or Dean	11 (.02)	2 (.004)	-.02
Other	90 (.17)	80 (.18)	+.01
Total respondents	524	446	
Total non-respondents who knew about the policy	41	18	

Table 3
Descriptive Statistics of the 1993 and 1997 Responses to the Question: How Well Do You Think the Following Groups Understand Sexual Harassment?

	1993 Responses			1997 Responses			
	N	Mean	SD	N	Mean	S	Effect size
Undergraduates	691	1.82	0.51	575	1.91	0.51	.18
Graduates	695	2.15	0.47	570	2.24	0.52	.18
Faculty	721	2.33	0.59	593	2.57	0.54	.42
Staff	708	2.32	0.55	592	2.55	0.54	.42
Administrators	705	2.44	0.58	580	2.63	0.54	.34

Table 4
Numbers and Proportions of Respondents Who Would Use, Would Not Use, or Were Undecided about Using the University's Sexual Harassment Complaint Procedure

	1993				1997			
	N	Would use	Would not use	Undecided	N	Would use	Would not use	Undecided
All surveyed	802	419 (.52)	136 (.17)	247 (.31)	655	340 (.52)	117 (.18)	198 (.30)
Males	259	123 (.47)	57 (.20)	79 (.31)	193	92 (.48)	56 (.29)	45 (.23)
Females	523	289 (.55)	73 (.14)	161 (.31)	445	244 (.55)	54 (.12)	147 (.33)

Table 5
Numbers and Proportions of Respondents Who Experienced Various Kinds of Harassment Once or More in the University's Workplace or Academic Setting

	1993		1997	
	N	Proportion	N	Proportion
Derogatory comments about men or women in general	792	.51	651	.46
Inappropriate display of objects of a sexual nature	794	.20	650	.19
Offensive crude language or verbal abuse of a sexual nature	792	.36	652	.33
Sexually oriented misbehavior	792	.38	649	.39
Sexual remarks directed at me	793	.29	651	.25
Heard sexual remarks about other individuals	791	.50	649	.49
Unwelcome touching, patting, or fondling	792	.13	651	.10
Pressure for sexual favors	791	.02	651	.03
Sexually suggestive, nonverbal behavior	789	.15	647	.15

Table 6
Changes in Experiences of Harassment from the Perspective of a University Population of 10,000 People

	Proportion Harassed		What this means for 10,000 people.			
	in 1993	in 1997	1993	1997	Change	Percent-age Change
Derogatory comments about	.51	.46	5,100	4,600	-500	10% decrease
Inappropriate display of objec-tives of a sexual nature	.20	.19	2,000	1,900	-100	5% decrease
Offensive crude language or verbal abuse of a sexual nature	.36	.33	3,600	3,300	-300	8% decrease
Sexually oriented misbehavior	.38	.39	3,800	3,900	+100	3% increase
Sexual remarks directed at me	.29	.25	2,900	2,500	-400	14% decrease
Heard sexual remarks about	.50	.50	5,000	5,000	0	no change
Unwelcome touching, patting,	.12	.10	1,200	1,000	-200	17% decrease
Pressure for sexual favors	.02	.03	200	300	+100	50% increase
Sexually suggestive, nonverbal behavior	.15	.15	1,500	1,500	0	no change

It's a Dog's Life: A Pilot Study Investigating the Effects of the Human-Animal Bond on a Child with Attention Deficit/Hyperactivity Disorder

Jennifer S. Lieber & Elizabeth I. Fassig
University of Northern Colorado

Kevin flew into the classroom like a whirlwind, inadvertently knocking papers off the desk of a peer and addressing the first grade teacher in a boisterous voice. Not noticing that the teacher was talking to another adult, Kevin proceeded to interrupt the conversation, bouncing up and down, repeating, "Mrs. Anderson, Mrs. Anderson, Mrs. Anderson, guess what, Mrs. Anderson," while simultaneously tapping her arm. Kevin apparently also failed to notice Mrs. Anderson's hand up, a non-verbal signal to stop, because he continued bouncing, calling her name, and tapping her arm, higher, louder, and harder, barely pausing to take a breath. After realizing Kevin was not going to give up on his quest to get her attention, Mrs. Anderson excused herself from the conversation with the other adult to inform Kevin that it is not respectful to interrupt. Before Mrs. Anderson finished her sentence, Kevin enthusiastically replied. "I know, guess what, Mrs. Anderson? Guess what I did last night." Realizing that Kevin had not comprehended the message, Mrs. Anderson took a deep breath and prepared herself for another day of the joys and challenges of teaching a child affected by attention deficit/hyperactivity disorder.

Attention Deficit Hyperactivity Disorder (ADHD)

This short account of the interaction between Kevin and his teacher is illustrative of the challenges faced by children impacted by ADHD, their families, educators, and mental health professionals. A prominent expert in the field of ADHD, Barkley (1997) describes ADHD as a disorder evidenced by hyperactivity, difficulty sustaining attention, and impulsivity. It is estimated that 3% to 5% of all children have ADHD (Cantwell, 1996), impacting academic, social, and emotional experiences in school and for some, into adulthood (Barlow & Durand, 1999; Hallowell & Ratey, 1994).

In addition to the core manifestations of ADHD (attentional problems, hyperactivity, and impulsivity), affected children often exhibit problems including aggression, disturbances in conduct, oppositional defiant behavior, low self-esteem, depression, rejection by peers, and academic underachievement/failure (Katcher & Wilkins, 2000). This interrelated cluster of difficulties often leads to referrals to physicians, special educators, and mental health professionals by concerned families and teachers.

Treatment for ADHD has traditionally consisted of pharmaceutical and psychosocial interventions (Barlow & Durand, 1999). Medications have shown promise, at least temporarily, in increasing concentration and alleviating hyperactivity and impulsivity in approximately 70% of cases (Cantwell, 1996). Psychosocial interventions for ADHD tend to focus primarily on behavior modification, that is rewarding desired behavior and ignoring or punishing undesirable behavior, and cognitive strategy training, including self-monitoring and self-instruction, (Kauffman, 1993). Many children with ADHD are eligible for special education services under the Individuals with Disabilities Education Act (IDEA) (Bussing, Zima, Belin, & Forness, 1998). Given the impact on the educational, social, and emotional well-being of these children, counseling services can also contribute significantly to a comprehensive intervention plan (Maag & Katsiyannis, 1996; Walker, Colvin, & Ramsey, 1995).

The role of the school counselor varies from site to site. In addition to administrative duties, curriculum development, instruction, testing, and consultation with children and parents, the duties of the school counselor are shifting more toward "collaboration between education and mental health services to address emotional and behavioral needs of children with disabilities" (Maag & Katsiyannis, 1996, p. 294). Common vehicles for counseling service delivery for children with ADHD include small support groups, social skills instruction, teaching of decision making skills, providing anger management strategies, cognitive-behavioral modification, and consultation with teachers, parents, and physicians (Maag & Katsiyannis, 1996; Rief, 1993;

Walker et al., 1995).

Human-Animal Bond as Intervention

Complementing existing intervention programs, some educators and mental health professionals have discovered another potentially powerful therapeutic tool for reaching students with ADHD: animals (Katcher & Wilkins, 2000). Animal-assisted therapy (AAT) or pet-therapy was first introduced formally to the mental health profession over 40 years ago by Boris Levinson and his dog, Jingles (Levinson & Mallon, 1997). According to the Delta Society (1996), Animal-assisted therapy is defined as:

> a goal-directed intervention in which an animal meeting specific criteria is an integral part of the treatment process. AAT is delivered and/or directed by a health or human service provider working within the scope of his/her profession. AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning. AAT is provided in a variety of settings and may be group or individual in nature. (p. 50)

Since its introduction as a therapeutic tool, the human-animal bond has grown in popularity for use with the elderly, people with disabilities, people with mental health concerns (e.g., depression), and children in schools (Beck, 2000; Fine, 2000a; Garrity & Stallones, 1998; Mallon, Ross, & Ross, 2000; Melson, 2000; Wilson & Turner, 1998).

A broad range of research investigating the effect of the human-animal bond specifically in children can be found in the literature. Included are studies addressing behavioral distress of children in medical settings (Hansen, Messinger, Baun, & Megel, 1999); communication skills, attending, and sustaining focus in social interactions for children with Down's syndrome (Limond, Bradshaw, & Cormack, 1997); social and academic competence in children with emotional/behavioral disabilities (Granger, Kogan, Fitchett, & Helmer, 1998; Kogan, Granger, Fitchett, Helmer, & Young, 1999); and therapeutic effects for children severely impacted by ADHD and/or conduct disorders in residential treatment centers (Katcher & Wilkins, 1998).

Human-Animal Bond and ADHD

Katcher and Wilkens (2000) outline a rationale for utilizing the human-animal bond in interventions for children with ADHD. Included in their rationale are: 1) the novelty of the animal captures and holds the attention of children; 2) animals can lower anxiety and level of arousal; 3) positive attributions toward the animal can often be generalized toward the staff and other children associated with the animal; 4) animals can promote nurturing and affectionate play, even in children who are typically aggressive; 5) an increase in self-esteem often occurs as a result of learning behaviors needed to care for and interact with an animal and positive social interactions facilitated by an animal (Katcher & Wilkins, 2000). In addition, it is believed that animals can promote socialization and attachment (Hart, 2000), work as a catalyst for emotion (Fine, 2000b), improve speech and memory (Hines & Fredrickson, 1998), and reduce behavioral problems (Burch, 2000).

It is the purpose of this pilot investigation to explore in qualitative terms the preliminary effects of the human-animal bond on a child with ADHD as described by the child, a parent, and a general education teacher.

Method

Setting

This investigation took place in a small Colorado town, centered between three larger cities. The elementary school is one of three in the town and serves approximately 400 students. The ethnic background of the school is predominantly Caucasian with approximately 8% being either Hispanic or African American.

Participants

Kevin. Kevin is a seven year old Caucasian male. He is in 1st grade and attended kindergarten and preschool in the same building. Kevin lives at home with his mother and father who adopted him immediately after his birth. He was recently diagnosed with ADHD and physicians are currently monitoring and adjusting his stimulant medication, attempting to find a therapeutic dosage. He is currently not receiving special education services, but the process of evaluation has begun. Services and consultation from the school counselor were requested at the beginning of the school year. These services include monitoring and facilitating transitions from home to school in the morning and small group counseling for friendship/social skills instruction. When potential participants for the Human-Animal Bond in Colorado (HABIC) program were solicited by the school counselor, Kevin was referred by his first grade teacher. Informed consent to participate was sought and obtained from Kevin's mother.

The HABIC Program. Human-Animal Bond in Colorado (HABIC) is a nonprofit organization funded through grants, individual donations and memberships, and program fees. It is a collaborative pro-

gram between the Departments of Social Work and Occupational Therapy, the School of Education, and the College of Veterinary Medicine and Biomedical Sciences at Colorado State University in Fort Collins, Colorado (Granger & Kogan, 2000). The HABIC team, including the animal, the animal handler, and the school staff, are trained in the project's aims and procedures.

In this particular case, the team consisted of Ann and her Labrador Retriever, Sam (these names have been changed to protect the confidentiality of the subject), a school counseling intern, and Kevin. Ann and Sam had been involved with HABIC for 5 years. This was the first experience with HABIC for Kevin and the intern counselor.

Prior to the initial session, Kevin's mother, teacher, and the counseling intern set goals for the HABIC sessions. These goals were: 1) increase the amount of time Kevin is able to focus attention and 2) increase compliance in following instructions. The sessions were approximately 30 minutes long, once per week, with time before and after the sessions to discuss goals, plans, and progress. A routine was established for each session. Upon entering the counseling room each week, Kevin would take care of basic needs for Sam, including filling his water dish and brushing him. This also served as a bonding time between Kevin and Sam, as Kevin would pet the dog and often share events of his week. After approximately 10 to 15 minutes of bonding time, Kevin would "train" Sam, by practicing obedience commands. This included walking Sam on a leash, and practicing commands such as "sit", "heel", "stay", "wait", and "down" with guidance and encouragement of the therapist and animal handler. The conclusion of the session usually included time for more playful commands. A favorite activity was for Sam to find a toy that Kevin had hidden in the room. Kevin rewarded Sam with praise and treats for his hard work. Finally, Kevin would return to class escorted by Sam, stopping to introduce "his" dog to any interested adult or peer along the way.

In addition to these weekly routines, specific social and behavioral interventions were introduced through the dog. For example, Kevin talked about environmental factors that caused Sam to be distracted, consequences of being distracted (e.g., does not follow directions), and changes that can be made to improve Sam's focus (e.g., make sure you say Sam's name and get his eye contact prior to giving a command). While the direct comparison between these behaviors in Sam and Kevin were not explicitly stated, Kevin became more responsive and more frequently gave eye contact when adults called his name to get his attention during the sessions.

Others. Kevin's mother and teacher were also involved throughout the study, providing information needed for referral to HABIC, setting goals, and preliminary outcomes. The elementary school counselor was also instrumental in the study, serving the site contact person and providing consultation as needed to the HABIC team.

Data Collection

The primary mode of data collection was semi-structured interview, using the interview guide approach (Patton, 1990), in which an interview guide is prepared before the interview, ensuring that certain topics are covered. Within the course of the interview, the researcher is free to probe and explore a subject area, change the order of questions, and maintain a conversational tone. The interviews were conducted by one co-author just prior to Kevin's fifth HABIC session. Both interviews were audio-taped and transcribed. In this study, the predetermined questions asked of the adults interviewed (Kevin's mother and 1st grade teacher) were:

1) Describe Kevin's school experiences before his involvement in HABIC.
2) What, if any, changes have you seen since HABIC?

Probes to both questions included specific information on academic performance, social adjustment, and emotional well-being. The questions were purposely worded to not imply a direct cause and effect relationship between HABIC and any changes, as several other variables could likely influence changes (e.g., adjustments in medication, behavior modification strategies, involvement in small group activities, and maturation).

Data Analysis

The data was examined using methods of inductive analysis, that is themes, patterns, and categories emerged from the actual transcribed data, as opposed to predetermined themes imposed upon the data (Patton, 1990). The transcribed data was analyzed using comparative pattern analysis (Guba, 1978), first by each co-author separately, then results were compared for conformability. The coding process consisted of 1) highlighting salient points in the transcribed text, 2) listing each point individually on large chart paper, 3) identification of categories among the points, 4) coding of points, placing each point into a category, and 5) convergence of smaller categories into broader themes (Guba, 1978; Patton, 1990). Once the broad themes were collapsed, they were reviewed by both researchers for internal homogeneity and external heterogeneity.

Results

Both interviews included discussion of

Kevin's school history and several perceived categories of impact with the HABIC program. Each of these benefits fit into one of two broader themes: emotional and social/behavioral impacts.

Emotional Impact

Both Kevin's mom and first grade teacher provided background information on his emotional state before and after his involvement with HABIC. The interviews yielded congruent information regarding his emotional status prior to his involvement in HABIC. Among areas of highest concern were incidents of rage, intense sadness, and suicidal ideation. There were many references to these strong emotions leading to violent behaviors toward peers, including kicking throwing rocks, hitting, and shoving.

> "He threatened to kill himself; he threatened to kill his parents. He also, on three occasions, threatened to blow up the building, the school. Very angry."

> "He cries about not having friends. He cries about, 'I hate myself,' so I view him as being a person under great stress with great difficulty managing his emotions."

After four sessions with the HABIC team, the preliminary impact on Kevin's emotional well-being began to manifest. For example, one interviewee observed that Kevin had been able to maintain positive interactions with Sam (the dog) without becoming angry. Positive effects on Kevin's self-esteem were also threaded throughout the interviews.

> "I know he talks about Sam and is very proud of the fact that he gets to work with Sam and I think it makes him feel special because there are not any other children in the class that work with the dog"

> "The dog is going to love Kevin no matter what."

Social/Behavioral Impact

In addition to the violent/threatening behaviors discussed in relation to the anger, there were other behaviors and social competencies of concern to the interviewees. These included obstinate and defiant behaviors, inability to follow simple directions, lack of focus on school tasks, and reluctance to go to school.

> "He was also having great difficulty paying attention, following one simple direction, staying in his seat. He was obstinate and very stubborn and when the teacher wanted him to do some things he said, 'no, I want to do this first'."

As was the case with the emotional impact, both interviewees noted positive influences for Kevin in the social/behavioral domain. Categories of positive personal interactions, excitement to attend school, higher levels of motivation, and awareness of need to focus and attend to tasks emerged from the data.

> "He is extremely motivated about it and he talks about Sam, the dog, and he wants to bring Sam in, and I think he has brought him in all three days and wants me to see Sam. I've heard him talk about him (the dog) to individual friends."

> "He's talked to us about the HABIC program and he seems to be very excited to go to school on Fridays knowing that he is going to have that, because before he did not want to go to school. It was a great chore to get him there and then his day was already set off."

> "We talked about Sam . . . that Sam doesn't focus or pay attention when Kevin isn't focused on him."

Discussion

Many of the emotional and behavioral concerns discussed in the literature on children with ADHD corresponded with the concerns cited by Kevin's mother and teacher. Emotionally, Kevin's low self-esteem, sad or angry affect, and rejection by peers appeared several times in the interview transcripts as primary concerns. References to suicidal ideations by such a young child are clearly cause for immense concern. Additionally, threats of violence to others and school property are very disturbing to the family, school staff, and peers. Implications of these threats to harm himself or others can range from, at minimum, isolation by peers to catastrophic events, including death.

While not all progress Kevin has made in this first half of the school year (e.g., no mention of suicide) can be attributed to the HABIC program, it does seem that the emotional impact of the program has been positive. The relationship with the HABIC dog has facilitated positive social interactions with his family, peers,

and school staff. The adults interviewed also believed that Kevin's self-esteem is enhanced through his involvement with HABIC, by providing opportunities for him to feel proud, special, and loved.

Kevin's profile, as described by the interviewees, was congruent with the literature on behavioral difficulties children with ADHD often experience. Included among these issues are hyperactivity, difficulty sustaining attention, impulsivity, and oppositional/defiant behavior, often leading to difficulties in learning and social relations.

The preliminary influence of HABIC on Kevin's behavioral concerns appears to be increased motivation to attend school, at least on the day of his sessions, and an emerging awareness of the impact of focus. That is, Kevin is beginning to make the connection that if he is able to focus on the dog, the dog will in turn be more focused and compliant when given commands.

Overall, the impact of the program seems to be positive, even after only four sessions. Kevin will continue to participate in the HABIC program for the remainder of the school year and Kevin, his mother, and his teacher have all requested that he participate again next year. Expectation for further benefit is high. As the first grade teacher stated, "I expect that we are going to see many more positive things, or the same positive things but extenuated."

Limitations of the Study

Two limitations to this study seem significant. First, although this study was intended to investigate the preliminary impact of HABIC, the short amount of time the intervention has been in place may be a limitation. It is possible that the preliminary influences may be due to the novelty of the situation. Need for further longitudinal studies will be discussed in the conclusion.

Second, because there were several factors influencing Kevin's emotions and behaviors (e.g., adjustment to a new teacher and full day schedule of first grade, medication, consultation with an outside psychologist, and other behavioral interventions implemented in the classroom and at home), it is difficult to isolate the changes that can be attributed solely to HABIC. However, because HABIC is intended to be only one part of a comprehensive intervention, it would seem less important to discern its individual contributions.

Conclusion

The findings of this preliminary formative evaluation of the effects of the human-animal bond on a child with ADHD are consistent with the overall research findings cited in the literature. Kevin's mother and teacher both reported a positive emotional and social/behavioral impact after only four HABIC sessions. The significant shift from Kevin's reluctance to go to school to an attitude of motivation and excitement to go to school could have a far-reaching positive influence on his future formal academic and interpersonal experiences. Although encouraging findings are noted after a brief 4-week period of treatment, it is acknowledged that this short length of time is a limitation of this study. To address this limitation, the researchers plan to follow-up with Kevin at the end of this school year, at which time he would have completed approximately 8 months of HABIC sessions.

Based on the optimistic preliminary findings from this study as well as other studies cited in the literature, implications for future research include conducting long- term studies on the outcome of animal-assisted therapy with children diagnosed with ADHD. Schools need to be aware of the benefits of animal-assisted therapy programs such as HABIC, and there needs to be more funding to promote access of HABIC to more children.

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Seasons Change and So do I

Seasons change and so do I.
All the colorful autumn leaves have fallen and now lay stacked in
neat little piles poised for winter winds to blow them carelessly away.
Unconscious motivations lead us in unknown directions.

Seasons change and so do I.
The trees seem forbidding and lonesome as they brace their barren
branches against the snows of winter that will blanket them with life giving moisture.
Hidden sources nourish our spirit.

Seasons change and so do I.
The grass refuses to be green as the daylight sun grows
shorter and flowers die becoming food for the soil of next spring.
The circle of life continues without our notice.

Seasons change and so do I.
The Navajo blue sky darkens early this time of
year as the morning dew turns the sleeping earth temporarily to
ice.
The cold winter wind blows hard in the direction of my home.

John F. Arman, Ph.D.
University of Colorado at Denver

I wrote this piece of prose while taking notice of our natural surroundings as fall was quietly turning to winter. I believe we, as counselors, need to keep in mind the cyclical nature of the natural world and how it affects us and our clients. The process of the earth is cyclical with each season interwoven into the next in ways we, as humans, cannot fathom. These instinctive forces influence us and our clients in ways we cannot see or touch. One life may leave us on this earth while another one comes to nourish the richness and meaning of our existence.

Contraceptive Use Among Adolescent Males

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This article provides an overview of current research on contraceptive use among adolescent males. Discussion focuses on increasing counselor awareness of this important and often biased issue. Implications for helping professionals are included.

Contraception Use Among Adolescent Males

Adolescence has been described as "a time of troubled passage" (Anderson, 1990, p.352) and "a time of increasing self-awareness, one in which youth test their autonomy and independence" and adolescents tend toward high risk activities around the use of drugs, alcohol, and sex (Mechanic, 1991, p. 639). The adolescent male, in particular, often has been stereotyped negatively during this "time of troubled passage". For example, in an appeal for research on sexually active adolescent males, Watson and Kelly (1989) remarked:

> *He is the person who, more often than not, initiates the sexual encounter...and young girls fall victim to an inexperienced boy who convinces them that everything is all right and then moves on, often leaving behind a pregnant partner. Society has to realize that the adolescent male's intention is not to get the girl pregnant, but just to have fun and show his manhood...When one realizes that a male teenager can impregnate a different female every few hours, seven days a week, it is not wise to leave him unattended any longer. (pp. 453-454)*

With quotes such as the above, the counseling profession clearly has the need to clarify and understand the male adolescent in regard to sexual activity. While Watson and Kelly (1989) make the point that research is needed on male adolescent sexual activity and responsibility, a review of what is currently known in this area is needed. More importantly, counselors need to be updated on current research findings to provide informed therapy and consultation. This article begins the understanding and awareness process by presenting what is known in the dearth of research regarding male adolescent contraception use. Additionally, an increase in research is needed, as, since the 1980s, there has been a severe decline in research on male adolescents and their use of contraception.

Influences on Contraception Use Among Adolescent Males

There are a number of factors which influence contraception use among male adolescents (Belicose, 1999; Everett, Warren, Santelli, Kann, Collins, & Kolbe, 2000; Hacker, Amare, S unk, & Horst, 2000; Hooke, Capewell, & W yte, 2000). For example, males are more likely t use condoms if they have a general attitude of res onsibility in contraception. Unfortunately, m ny adolescent males may not understand the cause-effect relationship between their interest in sex, their sexual behavior, and the consequence of pregnancy (Herz & Reis, 1987). Herz and Reis (1987) and Belicose (1999) suggested this may be due to the adolescent's stage of moral development, cognitive development and rational thinking. In particular, adolescent males may retain the childlike, egocentric belief that they are not accountable for what they do (Herz & Reis, 1987; Kohlberg, 1984).

The age of the adolescent male has also been explored in terms of influencing contraception use. Survey studies have found that older adolescent males are more willing than older adolescent females to take part in unprotected intercourse (Clark, Zabin, & Hardy, 1984; Finkel & Finkel, 1975, 1983) and that older males are likely to place the responsibility for contraception upon the female (Cohen & Rose, 1984; Freeman, Rickels, Huggins, Mudd, Garcia, & Dickens, 1980; Vadies & Hale, 1977). Herz and Reis

(1987) found that males of all ages seemed willing to accept responsibility for causing pregnancy, even though they have little motivation to prevent it.

Research reviewed by Hofferth (1987) found that the most important influences on adolescent males' contraceptive use included general knowledge about contraceptives, positive attitudes related to birth control, and high individual self-esteem. Belicose (1999) found level of communication with parents was linked to the use of contraceptives, in that adolescents from families with low levels of communication were more likely to not use contraceptives. Similarly, how well adolescents felt they got along with their parents was linked to contraceptive use, in particular, the better the relationship the more likely the adolescent used some form of contraceptive. Additionally, lack of social support has been correlated with reduced condom use and more frequent unprotected sex among African American males (St. Lawrence, Brasfield, Jefferson, Allyene, & Shirley, 1994). Other factors found to influence adolescent males' use of contraception were low religiosity, high educational goals, use of any contraception during first intercourse, and age of males (with younger males reporting a higher use of condoms) (Mott, Baker, Haurin, & Marsiglio, 1983; Pleck, 1989; Pleck, Sonenstein & Swain, 1988).

Knowledge and Frequency of Contraceptive Use

Most adolescents have poor knowledge about sexual issues. Researchers have found that even those students who have taken a sex education course or discussed contraception with their parents have low knowledge, and a high level of misinformation about sex and contraception (Everett et al., 2000; Goldsmith, Gabrielson, Gabrielson, Mathews, & Potts, 1972; Hacker et al., 2000; Sorenson, 1973; Zelnick & Kantner, 1977). A study by Scott, Shifman, Orr, Owen, and Fawcett (1988) found that the knowledge level of inner-city African-American and Hispanic male adolescents about sexuality and contraception was very low despite their having taken sex education classes or being a father or an expectant father. In particular, 76 % of the African American adolescents and 77% of the Hispanics reported being deeply concerned about the harmful effects of birth control to themselves, their sexual partner, or a baby. Seventy-three percent of the African American teenagers and only 41% of the Hispanics felt that contraception was good because it prevented pregnancy. Most importantly, misinformation about contraception and health concerns may increase the probability that the adolescent will not utilize contraceptives (Allgeier, 1983; Everett et al., 2000; Johnson, Snow, & Mayhew, 1978).

Brindis, Boggess, Katsuranis, Mantell, McCarter, and Wolfe (1998) surveyed 1,780 male adolescents in a family planning clinic in California. The survey explored both contraceptive use and psychosocial characteristics. They received 1,540 completed surveys, 37% of the respondents were Hispanic, 30% were White, 18% were Black, and 12% were Asian. The majority of the respondents were 15-17 years old (50%), 14% were 14 or younger, and 36% were 18-19 years old. According to this self-report survey, almost half (48%) of the sexually active male respondents were 14 or younger when they had their first sexual experience, 22% were 15 years old, 17% were 16, 8% were 17, and 57% were 18 or 19. Seventy-three percent reported that they had used some form of contraception the first time they had sex, and 12% had never used contraception. When asked about the most recent sexual experience, 65% reported using some form of contraception, and 50% reported using condoms. An important question arises from this study; Why did the use of contraceptives decrease from 73% for the first sexual experience to 65% for the most recent?

Culturally, Hispanic male adolescents were found to have a much higher knowledge of the human body and the use and effects of contraceptives than Hispanic female adolescents (Scott et al., 1988). It was surmised that the twofold cultural effects of verguenza (the Hispanic cultural value of a woman's self-sacrifice, spiritual strength, submission to the male in her life, sexual chastity, sexual purity and virginity) and machismo (the Hispanic "male pride" which includes sexual virility, courage, honor, respect for others, and providing for his family) highly affected the understanding and willingness of each gender to utilize contraceptive methods. Based upon this type of information, it is imperative to develop culturally sensitive content and format when pre-

senting sex education material (Scott et al., 1988). Additionally, White males were found to use condoms more consistently than African American or Hispanics. Age of the male was not an exact indicator that effective contraceptive would be used, because in some cases males did have a tendency to increase the use of contraceptives as their age increased (Everett et al., 2000; Finkel & Finkel, 1978).

Herz and Reis (1987) found that minority students in the seventh and eighth grades of both genders were aware of specific contraceptives, however all students lacked practical knowledge of how to obtain contraception and how effective different contraceptives were. In particular, the data suggested that young inner-city teens needed to be informed that only certain types of contraceptive methods require a medical prescription. Fewer than 15% of the subjects of both genders knew when pregnancy was most likely to occur in relationship to the female menstrual cycle. Even fewer understood that pregnancy can occur at first intercourse, and that pregnancy can occur regardless of the position during intercourse (Herz & Reis, 1987). Still, health professionals generally agree that even accurate knowledge "is unlikely to make much of an impact on the contraceptive behaviors of teenagers" (Chilman, 1980, p.173).

Everett et al. (2000) surveyed 9th and 11th grade students in 1991, 1993, 1995 and 1997 on their use of birth control pills, condoms and withdrawal. Among males, condom use and withdrawal remained stable over time, whereas birth control pill use by their partner increased. Additionally, in 1997 more students were using condoms; however, 13% reported using withdrawal and 15% used no contraception.

Belicose (1999) found that females at first intercourse were significantly more effective users of contraceptives than males. Similarly, Hooke et al. (2000) reported that of 129 13 –15 year old teens, 73% of the females indicated that contraception was a joint responsibility, whereas only 46% of the males felt that contraception was a joint responsibility. Furthermore, males were more likely than females to approve of casual sex and not need commitment for a sexual relationship.

In 1988, the National Survey of Adolescent Males reported that the rate of condom use had almost tripled from the usage reported in 1979, with much of the increase attributed to more adolescent males becoming sexually active between 1987 and 1988 (Sonenstein, Pleck, & Ku, 1989). Other possible explanations are policy objectives which focus increasingly on male responsibility in preventing unwanted pregnancies (Sonenstein, 1986) and recent adolescent concerns about AIDS (Hein, 1989). While the use of condoms is increasing (Everett et al., 2000), condoms are not 100% effective. Lindberg, Sonenstein, Ku, and Levine (1997) conducted research on condom breakage. In their study, 23% of condom users reported experiencing condom breakage in the past 12 months. In addition, they found that most respondents attributed condom breakage to obtaining sexually transmitted diseases. Lindberg et al. argued that condom breakage not only increased the risk of pregnancy or disease transmission but also weakened confidence in the method.

Pleck, Sonenstein, and Ku (1990) found in their study of adolescent males that three-fifths of both experienced and inexperienced males reported an "almost certain chance" that they would use condoms when having intercourse with new partners. Their results were comparable to the actual use of condoms at last intercourse by sexually experienced males. Although inexperienced males were reportedly more embarrassed about condom use, they also had less negative views than experienced males about condoms reducing their sexual pleasure. This finding suggests a reason for more sexually experienced males being less likely to use condoms - those males with more sexual experience may be less likely to use a condom since a higher level of sexual experience is correlated with the perception that condoms reduce sexual pleasure. Concordantly, findings by Gilbert, Bauman, and Udry (1986) confirmed that becoming sexually active changed attitudes towards condoms and the sexual experience. But not all adolescents see condoms as effective in that many perceive that condoms easily burst and aren't a reliable means of birth control (Norris & Ford, 1992; Stanton, Black, Kaljee, & Ricardo, 1993).

Male Hormonal Contraceptive

A review of male adolescent contraceptive use would be incomplete without a future perspec-

tive. At the end of the 20th century, researchers were closing in on a drug that blocks male fertility (Bonn, 1999; Murphy, 1999). The goal of more than 30 years of research is to find an acceptable, reversible, hormonal contraceptive for men. According to a Contraceptive Technology Update, male hormonal contraceptives are at least a decade away. Problems emerge in understanding the challenge evoked by a man generating hundreds of millions of sperm daily, whereas women produce one egg per month. Additionally, males continue to generate new sperm all of their adult lives, while women progress through menopause. The desire to find a male contraceptive that maintains sexual functioning without long term side effects is wrought with challenges (Contraceptive Technology Update, 2000).

A final challenge would involve the marketing of the male hormonal contraceptive. Adolescent males continue to be misinformed about contraception and pregnancy (Brindis et al., 1998; Scott et al., 1988). Given the male adolescent's interest in sexual intercourse, fears would abound regarding the impact of male hormones on sexual performance.

Implications for Helpers

Interventions that work tend to focus on the antecedents of the high risk behavior instead of looking only at the behavior itself (Dryfoos, 1991). First and foremost, adolescents need to be encouraged to engage in an active exploration and examination of their values regarding the appropriateness of sexual activity throughout adolescence. Familial and societal systems are in a position to impact adolescents' sexual development processes (Chilman, 1989). Unfortunately, schools and parents frequently fail to educate their adolescents about issues relative to sexuality .

There is a crucial need for men and women from all walks of life to take an active role in educating our male youth on the proper ways to express their sexuality. Simply too many teenagers are experimenting with sex. They are formulating their own hypotheses, doing their own research, and, most often, disproving their theories by impregnating a girl and then moving on to another case study (Watson & Kelly, 1989, pp. 455-456).

Messages about behaviors for children and adolescents can be clear: the health dangers of smoking; preventing drug use (e.g., "just say no"); drinking and driving (e.g., "friends don't let friends drive drunk"); and education (e.g., "stay in school"), all indicate a definite direction or course of action. However, messages male adolescents receive related to sexual activity can be varied, contradictory, and controversial. Society seems to also be "bombarding youth with media containing sexual overtones" (Allen-Meares, 1984, P.32). Promoting condom use by scaring these adolescents about AIDS and pregnancy may not be effective because wise decision making behaviors are not triggered by fear; instead, fear tends to push adolescents toward denial, leaving them believing it will never happen to them (Stone, Aronson, Crain, Winslow, & Fried, 1994).

. Hacker et al. (2000) suggested that males prefer to receive information about contraception from parents and health education classes. Additionally, Hacker et al. encouraged a focus on the family and the communication within the home as important in contraception knowledge and use. Hooke et al. (2000) argued that any interventions offered to teens must include gender disparities in values and beliefs regarding responsibility and sexual relationships.

Researchers suggest that for adolescents to use contraception effectively, the following factors need to be addressed: a basic scientific understanding of their own body and how different contraceptives function (Fisher, 1983); the proper storage and use of condoms (Lindberg et al., 1997); the adolescents' level of cognitive development (Cvetkovitch, Grote, Bjorseth, & Sarkissian, 1975; Dembo & Lundell, 1979), emotional elements (i.e., anxiety, embarrassment, or shame) (Dembo & Lundell, 1979; Fisher, 1983; Poland & Beane, 1980); and cultural beliefs and values that support or are compatible with the use of contraceptives (Chilman, 1980; Dembo & Lundell, 1979; Oskamp & Mindick, 1983). Helping professionals need to address the concerns, beliefs, and misconceptions of adolescents before they can effectively impact sexual activity (Cvetkovitch et al., 1975).

Summary

There is clearly a need for research to fur-

ther explore male adolescent behavior in terms of contraceptive use or nonuse. From the limited research currently available, some themes do emerge. Adolescent males have a need for knowledge regarding contraception and pregnancy, and the presentation of this knowledge must be offered in a culturally sensitive manner. Counseling professionals need to be aware of their own values and biases to not assume that adolescent males are irresponsible and insensitive in terms of their sexual behaviors. The increasing rate of adolescent pregnancies has created one very clear fact: failure to intervene soon will result in continued economic and human costs to our society.

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High Play Therapy: The Use of Adventure Programs with Adolescents

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Abstract: *This article examines the effectiveness of adventure programs with adolescents who may be more readily suited for action-oriented play therapy than verbal therapy. Components of adventure programs are considered as well as results of many research studies.*

Adventure programs find their origins in the work of Gennan born Kurt Hahn (Vogel, 1989). Since 1941, when Hahn founded the first Outward Bound Program in Aberdovey, Wales, various programs were developed based on his principles. Vogel (1989) discussed the history and intentions of Hahn's school as an attempt to help British sailors adapt to the emotional and physical stress encountered on the seas; the same challenges of coping with emotional and physical stress are used with today's adolescents who face an increasingly difficult and stressful environment. The author presents a variety of adventure programs and discusses how the relationship between child and therapist is foundational to both approaches.

Play therapy is defined by Landreth (1991) "as a dynamic interpersonal relationship between a child and a therapist ...who facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the child's natural medium of communication, play (p. 4). Earlier Moustakas (1955) described the process of play therapy as being a relational one which "allows the child to express and explore the various levels of the emotional process and thus to achieve emotional maturity and growth" (p. 86). The author offers studies of many adventure based programs and concludes that these programs share many qualities of play therapy; in particular it is noted that both play and adventure therapy depend on the relational skills of the leader/therapist for success.

Some studies of adventure programs suggest common goals and training methods (Baker, 1992; Carson, Gillis, Schwarz, & Bell, 1993; Pommier & Witt, 1995; Vogel, 1989). Vogel (1989) noted that strength and character is developed which is needed for survival and that changes in learning occurred among the participants studied. According to Vogel, the goals of adventure-therapy include revealing an individual's own uniqueness, admirable personal qualities, and the potential for future growth (self actualization).

Carson et al. (1993) stated the results of adventure-based play can be seen in individuals' increased self-esteem and improved behavior. Later, Pommier and Witt (1995) concluded that the goal of adventure therapy was the increased self worth experienced by participants who were engaged in the process relationally.

Herdman (1994) believed that a rock-climbing activity helped adolescents' better deal with the metaphorical walls they faced in their lives. Sachs and Miller (1992) described the benefits of high play therapy as the development of appropriate social behaviors, including an improved self-concept that occurred through strong relationships. The term

high play therapy is used by these authors synonymously for adventure-based therapy. Black (1995) described the goals as aiding the development of students' intellectual growth and character. Nichols (1996) believed that law offenders who participated in adventure play programs were less inclined to be involved in crime. Baker (1996) stated that adventure-training programs can give participants a sense of relationship and connection with the natural world. Baker (1996) also described the goals of adventure-based programs in terms of developing self-esteem, but added that the goals of adventure programs were "generally agreed to be those of traditional group psychotherapy"
(p. 19).

Components of Adventure Programs

There is much variation in the components of adventure programs: the length and the type of activities differ, and some programs have additional components. Vogel (1989) described one Adventure Training Program as including activities such as rock climbing, caving, white water rafting or canoeing, mountaineering, survival skills training, environmental education and group living; Regardless of experiences, he noted it was the relationship with a leader/therapist that made the difference in personal growth. In a national survey of therapeutic wilderness programs, Herman (1994) reported that many of the programs used rope courses; additional programs cited more intensive wilderness oriented experiences such as backpacking, rock climbing, and kayaking. Other programs discussed camping, outdoor games, rafting, fishing, biking and horseback riding; All of these programs, however, depended on the relational processing of what the experience meant to participants.

All programs noted the significance of the interaction between the leader/therapist and the participants (Vogel, 1989). Additionally, Pommier and Witt (1995) cited the inclusion of a family training component in the Outward Bound School program. Overall, studies suggested an essential aspect of the efficacy of any program is the inclusion of counseling skills training for the leaders which results in stronger relationships (Chase, 1992). This supports Bennan's (1924) notion that adventure programs are a type of group psychotherapy that depends heavily on the relationship of the people involved.

Sakofs (1992) argued that interpretive techniques are needed as part of an adventure experience, and help to facilitate relationship building between participants and leaders. He stated, "What am I actually doing with and to my participants? If you are providing just a physical adventure, then it's just gloss" (p. 13). He further stated that as a result of leaders using interpretive techniques, connections were made to the natural environment and to the participant's inner self. Herdman (1994) made a similar point, arguing that after an adventure experience, debriefing was critical. He said, "When we returned after our climbing expedition we debriefed. Debriefing is crucial. Unless the experience is processed with a particular focus in mind, it will not transfer to the students' lives" (p. 23). Other researchers such as May (1996) and Black (1995) stated that participants should experience a solo wilderness experience as part of an adventure program. Not only do the participants need to process their experiences and build relationships with others, but that they also need to be alone to explore the many dimensions of the self.

Nichols (1996) asked difficult questions in regard to the confusion over the exact nature of the components of an adventure program. He asked "What works and why?" (p.8). In other words, the exact treatment intervention had not been adequately identified due to a wide range of intervening variables. Hattie, Marsh, Neill and Richards (1997) address this

problem of defining the actual components of an adventure program. They suggested that researchers have tended to ignore "interesting variables such as length, instructor experience, and differences between programs" (p. 46). Even in their conclusion of an extensive meta-analysis of adventure program studies, these authors admitted the weakness of their own research by stating that "it is not clear what attributes of the programs were being evaluated" (p. 73).

In spite of the variations among programs, analysis of 96 studies (Hat ties et al., 1992) revealed several general components. These features include the following: (a) a wilderness or back-country setting; (b) a small group usually less than 16; (c) a variety of mentally and physically challenging assignments such as rock climbing or hiking to a specific point; (d) frequent and intense interactions that revolve around group problem solving; (e) a non-intrusive, trained leader; and (f) a duration of 2 to 4 weeks, In addition, perhaps the most striking denominator of adventure programs is that they all involve doing physically active interventions in a playful manner, away from a person's home environment, and within a supportive relationship. While they all have a framework in which an activity is performed, there is also spontaneity and a sense of doing the activity for the "fun of it" which is similar to one of Landreth' s (1991) descriptions of play therapy. Bennan (1994) notes dealing with the unknown is an important element of an adventure experience: "It is in coping with the unknown and the unpredictable that participants come to an adventure experience, complete with the attendant risks of failure, rejections of or appearing foolish, clumsy or stupid" (p. 19). Play therapists interested in sponsoring adventure therapy groups could consider incorporating some of the above interventions which have shown themselves effective across a large number of studies.

An Examination of Various Studies

It is difficult to assess why and how participants might show improvement. Nichols (1996) noted, "Something seemed to happen but we did not know why. The key question remaining was what works and why?" (p. 8). Herman (1994) described the difficulty in identifying effective variables: "Very few of the programs could identify the type and process of therapy they used in working with adolescents. In fact, most spoke of group process and interaction in vague terms, rather than in a specific therapeutic context" (p. 52).

Nichols (1996) was not only was willing to ask the important questions of how and why but was also willing to attempt answers. He argued that adolescent criminal offenders were more inclined to commit crimes because of cognitive deficiencies. He suggested the reason adventure-play was successful was because cognitive deficiencies were rectified and done so within a supportive relationship. Nichols believed the deficiencies were due to a lack of interpersonal cognition, which is the ability to understand other people. Closely related to this is the lack of social perception or an inability to feel empathy with others. These criminal offenders lacked a sense of control over their lives, referred to as low locus of control. If adolescents have a low locus of control, a characteristic of criminal offenders, they tend to feel that what happens to them is a result of external influences, and not their responsibility at all. Adventure programs help to correct these deficiencies; this accounts for the reduction in recidivism of the offenders studied.

Rather than citing locus of control issues, Sachs and Miller (1992) attempted to address the issue of how adventure programs effect change in a different manner. Instead, they made the assumption that adventure programs work by arguing that participants were exposed to physically challenging activities which encouraged them to go beyond their previously established limits. Participants

made an unconscious metaphorical leap when they noted that positive changes in self-concept and esteem were the result of increased physical accomplishments.

Sachs and Miller (1992) also tried to explain the positive change in participants by using Bandura' s (1977) self-efficacy theory which states that an individual' s self efficacy is dependent on the individual's personal belief that the individual will complete a task. If the self-efficacy is raised, then those participants will be more motivated to solve problems, and negative defensive behaviors will be reduced. Bandura found that self-efficacy can be raised by performance accomplishments, verbal persuasion and emotional arousal. These sources of raising self-efficacy are often the exact components found in adventure play programs. Participants in an activity such as rock climbing are emotionally aroused because the activity is subjectively threatening; they are verbally persuaded as they are coached through an activity, and in the end, they have a sense of accomplishment. Sachs and Miller (1992) concluded their argument by noting that if adventure programs can raise self-efficacy in individuals, then perhaps these changes could positively influence their beliefs and affect future performances in dealing with other problems and in other environments.

Great Sand Dunes National Monument Photo by Celine Marie

Cooper (1993), in describing the positive changes that can result from adventure programs, states, "the challenge element of the outdoors has been emphasized and used to enhance personal development. If a person is presented with an achievable challenge this can have an affect on his development" (p. 38). Adding the challenge of outdoor experiences to the more typical world of indoor play therapy offers an expanded milieu in which growth can occur.

Another outdoor challenge is rock climbing; Herdman (1994) argues that this intervention is to be used mainly as a metaphor for real life problems and situations. He believes that change occurs through discussion and reflection and as adolescents took a critical look at how they dealt with challenges. For example, he describes a situation when a participant was stuck on a rock face. Did he or she just drop off the rock and hang on to the rope (basically give up) or did he or she desperately lunge for the next hold? Did he or she reexamine the situation and problem solve? Herdman believes that important parallels can be made by understanding the process of how participants make decisions on a rock wall and how those decisions may relate to one' s personal life decisions. Another factor to be considered was the effect that strong supportive relationships have on the rock wall process.

The importance of relationships within adventure programs is addressed by Baker (1992) who argues that the actual physical experience by itself was meaningless as far as producing improvement in the participants. As mentioned earlier, he viewed the debriefing

process with the participants as the critical factor in causing change to occur. He stated that during adventure activities there are "natural moments" (p. 13), where a leader can positively interact with the participant and with the environment. He believes the interaction with the leader/therapist and the natural world would cause a participant to "feel a connected inner environmental growth" (p. 13). Baker's sense of "inner growth" and how it is linked to relational interventions is an aspect which could be included in future research discussions for it is a common experience told by those who participate in wilderness programs.

However, other researchers (Hattie et al., 1997) have addressed the effect of the leader/therapist-child relationship and considered it significant to the individual's sense of Self-efficacy, locus of control, and self-esteem. The authors suggest a variable that researchers might choose to study. It involves finding ways to "ascertain the effects of the leader/therapist" (p. 72) on the participants, believing that few studies have investigated this effect to date. The authors recognize there are many variables to consider and conducting such research would be difficult.

The majority of researchers focus on more manageable areas such as personal growth in areas of self concept, self esteem, self image and self actualization that are common in the outdoor setting (Chase, 1992). Yaffey (1992) confines himself to research with fewer variables and takes a similar position, stating that "outdoor pursuits are psychologically healthier than others" (p.32). Chase (1992) does not try to explain why this is true or even if it is valid. He takes the position that if personal growth is common in the outdoors, then this growth could be enhanced through outdoor leaders who have been trained with counseling skills. This direction seems to be similar to Baker's (1992) idea that something besides adventure is needed to provide meaningful change. Parker and Stolenberg (1995) conducted a study where the results indicate that an adventure experience by itself does not constitute change. Change occurred only when the participants of the play intervention were also given traditional counseling interventions... that is, group process and it was done within supportive relationships with other participants and the leader/therapist. Black (1995) describes the process of change as one that requires participants to take time to reflect on their journey alone, as well as with other adolescents and with adults. But she notes that the most powerful part of the change that occurs in adventure settings, rests in the actual processing of the experience with a trusted leader/therapist. Then she comments that she also believs in the power of "transformative experiences" (p. 32) to change student behaviors and that processing with others was not needed at all. She summed up her observations by describing that while the only two absolutely essential ingredients to learning were challenge and emotion, she felt that relational processing does assist the process.

The anecdotal evidence of the studies is varied. For the most part, they consistently reveal that relational adventure programs are impacting adolescents. Hattie et al., (1997) conducted a meta-analysis of 151 studies consisting of 12,057 participants; results are impressive. The study concluded the greatest immediate effects of adventure programs are in the dimensions of leadership, academics, independence, assertiveness, emotional stability, social comparison, time management, and flexibility. In the self-concept domain, effects occur in independence, confidence, self-efficacy, and self-understanding. Additionally, the meta-analysis shows marked increases across all interpersonal dimensions including social competence, cooperation, and interpersonal communication. This analysis indicates that adventure programs impact the partici-

pants personally and interpersonally in a variety of domains.

Summary

Studies such as these provide some evidence that high-play, adventure-based programs do impact participants positively. Perhaps these programs are effective because it gives participants a sense of knowing there is something bigger, more awesome, more terrifying, and more in control than they are; perhaps they are effective because of the relational role therapist/leaders play in the experience. Personal reflections from the participants as written in journal entries captures the different perspective that individuals often gain from being in the wilderness. For example, Herdman (1994) quotes from the personal journal of a young boy named Pedro: "I was amazed to see how many trees could be in such a big place. It showed me how small my body was and how big my soul and mind were. When I was in the mountains I felt a strange feeling, a feeling called loneliness" (p. 22). Certainly it could be said that Pedro had arrived at a new understanding of self.

Some of the research evaluates the impact of the mentor relationship often found in adventure programs. Herdman (1994) describes a boy who got stuck on a rock face and then had to look at the instructor for help because his peers had nothing to offer. At first the boy got angry at the instructor and yelled that he was going to bailout, but the instructor yelled back, "No, you can do it!" (p. 23), and the boy completed the climb successfully. Researchers cannot underestimate the power and significance of the role of the mentor and this type of high play experience and its ability to contribute to growth and change of individuals.

May (1996) discusses the concept of mentor, nature and initiation, arguing that perhaps present day adventure programs are effective at some level in causing personal change in the participants because these programs fill a vacant niche and provide a type of initiation process. Both May (1996) and Bly (1990) lamented the lack of initiation in today's western world.

It is evident that high play programs are having an impact on today's adolescents, despite the fact that it is difficult to explain why. Additional research is needed, with more effective controls, in order to isolate the variables that cause change in participants. In addition, if adventure programs are providing some form of initiation, a sacred rite of passage for adolescents, further research is needed that focuses specifically on that process. As a result, future programs could be designed with mentoring and initiation rites in mind.

An additional topic warrants inspection, that of the spiritual nature of individuals. Black (1995) discusses this and the individual's spiritual relationship to nature saying that, "a direct and respectful relationship with the natural world refreshes the human spirit" (p.33). She goes on to say the spiritual relationship between individual and creator is one of the ten key principles of expeditionary learning in Outward Bound. In support of the spiritual aspect of adventure programs, Bly (1996) comments that "the role of a mentor is to teach the child that he or she is more than flesh and blood" (p. 34). This "more than flesh and blood" or the spiritual aspect of the adolescent and the nature of the entire adventure process, while largely ignored by researchers, still may be an important element. Perhaps Black's (1995) mysterious phrase, "transformative experiences" (p. 32), attempts to address a spiritual process.

Bly (1996) comments that new meanings for adolescents are needed today in our society and that those meanings require time spent in nature with teachers involved in high play experiences. These activities are the very

components of most adventure programs and the new meanings he refers to could certainly relate to the spiritual. Bly said,

> Receiving a new world would involve complicated experiences. The body-soul needs to be changed in order to receive what Joseph Campbell calls 'the inexhaustible energies of the cosmos' that pour down on human beings.
> Without gratitude to energies much greater than our own, there will be no new meanings. It could be said that we lack the imagination now to imagine any new power to whom we could be grateful. The procedure for young men and women would ask a reintroduction to the dangerous energies of nature, as some Native American nations still ask from their youth. The process is messy, and needs teachers, the out of doors, and lots of time (p. 83).

It seems a worthwhile activity to engage adolescents in particular, and clients in general, in high play practices. Relational interventions that have the power to influence growth and change as much as these adventure programs seem to do, is worth a second glance. Perhaps adventure-based, high-play programs can help provide these new meanings for today's adolescents.

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Assimilating New Faculty: Mentoring in Counselor Education

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Accordingly, she [Athena] disguised herself to look like a seafaring man [Mentor] and went to the house... Then when the two of them talked together, Athena began by asking gently was this some sort of drinking-bout she had happened upon? She did not wish to offend, but a well-mannered man might be excused for showing disgust at the way the people around him were acting. Then Telemachus told her all, the fear that Odysseus must surely by now be dead; how every man from far and near had come wooing his mother who could not reject their offers out-and-out, but would not accept any of them, and how the suitors were ruining them, eating up their substance and making havoc of the house. Athena showed great indignation. It was a shameful tale, she said. If once Odysseus got home those evil men would have a short shrift and a bitter end. Then she advised him strongly to try to find out something about his father's fate. The men most likely to be able to give the news, she said, were Nestor and Menelaus. With that she departed, leaving the young man full of ardor and decision, all his former uncertainty and hesitation gone. He felt the change with amazement and the belief took hold of him that his visitor had been divine

Mythology: Timeless Tales of Gods and Heroes
Edith Hamilton (1969) p. 205

As evidenced above, the concept of mentoring is not a new one; however, its use is now becoming more widespread in many different fields. According to Jacobi (1991), a clear operational definition of mentoring does not exist. Anderson and Shannon (1988) suggest, however, that the overall purpose of a mentor is to help a new professional integrate into the role held by the mentor. Mentoring has a long history in the field of education, particularly in teacher training and administrative leadership programs (Cesa & Fraser, 1989; Fagan & Walter, 1982; Wilde & Schau, 1991), yet it is just beginning to draw attention in the field of counseling and counselor education.

Counselor educators often face a daunting task as they accept a faculty position in higher education. Not only are new faculty required to teach and/or develop courses, supervise clinical work, provide university and community service, and participate in research and scholarly efforts, they must, too, learn the culture of their setting. This new culture includes learning the "ropes" of the department, developing a balance between personal and professional life, and engaging in the retention and promotion process. In other words, new faculty must assimilate into the department, the university, and the community, and be productive in the process. With counselor education departments struggling to attract and retain qualified professionals, a mentoring program may assist new faculty in making this formidable task more survivable.

According to Boice (1992), professionals in the field of counseling are only beginning to learn the best practices for mentoring new faculty. Little literature exists on the specifics of mentoring newly hired counselor educators and most mentoring is done in an informal, unsystematic way, if it is done at all. Prospective mentors are forced to rely on their own experiences of being mentored in providing valuable guidance for their new colleagues. The lack of proven training for mentors, the lack of a systematic program for mentoring, and the lack of clear evaluation methods suggest a need for more study and discussion

of mentoring new counselor education faculty.

Mentoring Outcomes

In the past, mentoring of new faculty members across several fields has not been seriously viewed as a subject of inquiry (Boice, 1992). A large part of the difficulty in examining new faculty mentoring is that it is often done in an unsystematic and gradual method, making it difficult to study. Additionally, most studies of mentoring new faculty have dealt with scholarly productivity rather than teaching or assimilating into the culture of the institution (Boice, 1992). Adding to the confusion, Jacobi (1991) found a minimum of 15 operational definitions of mentoring across three disciplines (education, psychology, and organizational management).

According to Bova and Phillips (1984), mentored protégés demonstrated an increase in risk-taking, political savvy, and specialized professional skills in various settings. Other studies indicate that mentored hires perform more productively with research endeavors and in their own career advancement (Corcoran & Clark, 1984; Girves & Wemmerus, 1988). A study by Boice (1990) concluded that new hires who were mentored fared better than those who were not, while graduate teaching assistants rate mentoring as the most effective type of training available to them (Boehrer & Sarkisian, 1985). There is a sparse body of knowledge regarding mentoring new counselor education faculty members, but clearly, mentoring has worked well across several other fields.

Needs of New Counseling Faculty

New faculty tend to feel socially isolated and intellectually under stimulated in their first year and desire mentoring by experienced faculty members. Still, most institutions do not have a formal mentoring program in place (Boice, 1992). According to Cawyer and Friedrich (1998), new hires claim assimilation would be more fulfilling and satisfying if the interpersonal dimensions of assimilation were a high priority. The authors also contend that upon arriving at the new job, it is imperative that new faculty members are fully informed about all aspects of the job and the realities of institutional life. Additionally, the daily responsibilities of their new position must be clearly defined.

New college and university faculty in the area of counselor preparation require both personal and professional mentoring to increase the probability of success at their new institutions. Studies of mentoring programs (Boyle and Boice, 1996; Ganser, 1996; Keating, 1996; Kirk, 1992), indicate new faculty needs include being supported and encouraged in the early years, being informed and oriented to the daily tasks of performing their jobs, and teaming up with colleagues on research opportunities.

Support and Encouragement

New counseling faculty most often have previous work experience as mental health practitioners. They may have worked as private therapists, school counselors, marriage and family therapists, career/vocational counselors, or a myriad of other mental health specialties. Their work as mental health practitioners does not prepare them for the rigors of exemplary teaching, research, and service in academia. Mentors can provide new faculty members needed emotional support, especially at the beginning of their appointments, to cope with the changes in their work life, the adjustment to a new community, and to feelings of isolation. In addition to mentoring, new faulty are encouraged to nurture themselves with individual counseling or through other avenues in coping with the new demands placed on them.

Mentors can also help alleviate the social isolation experienced by new faculty members. Keating (1996) suggests that departments are often too large to function as one social unit, so having a mentor gives the junior faculty member a point of contact into the social network of the department and the larger college community. Boyle and Boice (1998) report that at the end of a mentoring project year, the most common complaint is that the mentor pairs did not spend more time together. Both mentors and mentees valued making a new friend and feeling part of the campus.

Orientation and Information

New faculty members need to be oriented to the overall university. Orientations often take place during the week prior to the first week of classes, which does not leave much time for

new faculty to integrate the information imparted. Typically, new faculty members receive information about health plans, payroll, and retention and promotion procedures at the orientation. The particular college to which a new faculty member belongs may also have an orientation related to retention and promotion, the chain of command, and the make up of the division or department.

Along with this general information from the university and college levels, new counseling faculty members find it useful to have information related to mental health referral sources in the community, the role of their department's counseling clinic, and whether or not it is feasible to maintain a private practice or see clients on a part-time basis. Additionally, new faculty members benefit from understanding the history of their department and how that history may positively and/or negatively influence interdisciplinary research and teaching opportunities. Clearly, new faculty members benefit from becoming meaningfully connected with a mentor on whom they can rely for guidance and essential information, even if that information is as "mundane" as requisitioning supplies.

Teaming Up on Research

New counseling faculty also need support in the area of scholarly activity. This can be provided in the form of joining in open research projects or being linked with journal editors or others in the field. It is also beneficial for new faculty to be supported and encouraged when rejected journal articles are returned. Editorial language that accompanies rejected journal articles often requires explanation. Mentors can support the emotional well-being of the mentee, as well, when research and writing are rejected.

Developing a research agenda becomes a far more approachable task when the new faulty member teams up with a mentor on a research project that the mentor is involved in. Proposing a study to the human subjects committee becomes a more clear and less formidable task when approached with a veteran faculty member who has previous experience at the university. When new faculty team up with mentors, they save time and energy and are more productive in their teaching and research projects.

Just Do It

Keating (1996) suggests several components of a mentoring program, including a detailed memo, *Things I Wish I Had Known*; a series of four two-hour orientation sessions on such topics as grading and teaching technology; and structured mentor-mentee pairings. Boice (1992) argues, too, in favor of a structured approach to mentoring with assigned mentor-mentee pairs, scheduled meetings for pairs, and training for mentors. While we know that mentored protégés fare better than those who are not mentored, we do not have definitive answers on what works best. Future research should look at the outcomes of a structured vs. a non-structured program to determine which works best.

At this time, common sense dictates that any sort of mentoring would be better than none at all. An informal and unstructured program can be successful if senior faculty members are willing to participate and share their expertise, and junior faculty are willing and unafraid to ask for help. The environment of a particular counselor education department will either foster that feeling of trust and confidence in one another or erode it. Perhaps in counselor education, where we abide by principals of honest communication, openness, and vulnerability, a close look at ourselves and our interactions as faculty members will assist the process.

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Fawn

I didn't know
the cut was so cruel,
the valley so deep
for I could only catch glimpses
of the dark scars
the pain had etched
on the surface of her heart,
Scars etched to seal in the hurt,
to entomb it safely inside

I didn't know
the cut was so cruel,
the valley so deep
for I could only catch glimpses
of those dark scars,
barely visible
beneath the coils she had
wound so tightly around her heart,
Her way of forever banning
intruders from the temple inside

But now as
I watch her unwind it
slowly, cautiously,
loop by painful loop,
the wire often tearing at the flesh
as it rips free and
reopens the wound,
I can see those eyes

I see the eyes of a fawn
who has waited so long
to graze without fear
in that lush green meadow
deep in the forest,
Deep in the forest
where her tenderness lies

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Lessons From Ombudsing: Assisting Individual Clients in Effectively Resolving Interpersonal Conflicts

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I began my professional career by working for nearly 12 years as a community college counselor in the eastern United States. Although a number of the community college clients I assisted reported difficulties resolving interpersonal conflicts with family members or friends, because I had limited experience with couples or family counseling, I tried to help them in individual counseling. Thus, the only sources for my understanding of the situations they described to me were their self-reports and my own observations about them. I had no opportunity to directly observe their behaviors when actively engaged in conflict with the people they described. Although I had heard of mediation, I really did not know how it worked. But when I moved to Colorado in the Fall of 1990, all that changed.

For the past nine years, I have been employed in the Ombuds Office at a large research university. The Ombuds Office is a confidential, informal, impartial, and independent conflict management service for students, staff, and faculty at the University. Mediating disputes and assisting individuals in effectively resolving their own disputes is a large part of my daily work. In the mediator role, I have had the opportunity to observe many people as they engaged in discussions with others with whom they were in conflict. This has allowed me to learn first hand, what works - and does not work - to loosen deadlocks and resolve conflicts.

In this article I will describe some of what I have learned about what works and does not work in resolving conflicts. My goal is to provide strategic information for counselors working with clients who have difficulties resolving interpersonal conflicts. Helping these clients to utilize a collaborative problem-solving approach will allow them to more successfully engage others in finding mutually acceptable solutions to their differences.

Some clients may resist acting in the strategic ways I suggest even when they can, intellectually, understand the advantages of doing so. This suggests some potentially rich topics for exploration in counseling. What is the source of the client's resistance? Is s/he merely repeating old patterns in rigidly resorting to unsuccessful behavioral strategies? What does s/he perceive s/he will risk or lose by trying a new strategy? Helping clients to overcome this resistance can increase their effectiveness in dealing with interpersonal conflicts and assist them in learning extremely valuable life skills.

When individuals have conflicts with people who behave extremely aggressively or unethically, Schwimmer (1992) suggests the application of skills such as "limitsetting" or "issuing consequences" to encourage behavior change. While the need for applying these skills is real in some situations, more often than not, what I have observed is apparently well-intentioned people engaging in conflict over predictable things (e.g., limited resources, different values, needs, perceptions, data, procedures, etc.). Indeed, conflict seems to be inevitable; and as frustrating as it is for many people, it is simply not possible to control anyone else's behavior. Successfully resolving

conflicts requires managing ones own behaviors effectively. For individuals who experience conflict with others with whom they have ongoing relationships (e.g., family members, friends, neighbors, colleagues), resolving conflicts in ways that preserve (or even enhance) relationships is very important. Failure to do this can be emotionally costly and alienating. Unfortunately the seemingly hard-wired "fight or flight" response often propels people toward using strategies that neither effectively resolve conflicts nor preserve relationships. Also, many individuals rely on familiar strategies when experiencing the stress that often accompanies conflict and these strategies may be neither effective nor appropriate.

Conflict Styles

Blake and Mouton (1984) and others (Thomas, 1976; Rahim, 1983) have developed theories which attempt to classify and measure "conflict styles." The underlying assumption of these theorists is that, when facing conflict situations, people tend to rely on the one or two styles with which they are most familiar and comfortable. Similarly, these theories suggest that people tend to avoid styles with which they are least familiar and comfortable. This implies that a person who, for example, acts aggressively in what might be called a "competitive" conflict style, may engage in numerous behaviors which are likely to decrease the chances that the other person with whom s/he is in conflict will join her/him in collaborative problem-solving. Also, people who engage in an unassertive style (e.g., accommodating) or in a passive-aggressive style (e.g., avoiding) are unlikely to gain the cooperation of others to find mutually acceptable solutions to conflicts.

Mediation and Negotiation

Mediation is an "assisted negotiation" that facilitates constructive dialogue between people about their differences. The mediator, as described by Moore (1986), attempts to help parties find mutually agreeable solutions to their conflicts. Regardless of whether people choose to use the help of a mediator or try to settle their differences privately, how they behave toward one another in mediation seems to increase or decrease the likelihood of gaining one another's cooperation to engage in collaborative problem-solving. I believe the behaviors which are most likely to elicit cooperation as well as those likely to elicit resistance are very clear. Utilizing these behaviors do not guarantee "getting what one wants." Individuals who insist that conflicts be resolved only to their satisfaction are not seeking the "win-win" solutions discussed by Fisher and Ury (1981) in their landmark book on negotiation, "Getting to Yes." However, engaging in the kinds of behaviors more likely to elicit cooperation and avoiding engaging in behaviors which are more likely to elicit resistance will give people a better chance of engaging others in collaborative problem-solving to find mutually acceptable solutions to resolve their conflicts.

Client Patterns That Promote Reliance on Unproductive Strategies

To effectively resolve conflicts, people need to understand not only their own feelings and interests, but the effects their behaviors have on the feelings and interests of people with whom they are in conflict. If they learn that their behaviors discourage others from collaborating with them, they have the opportunity to make different choices. Aggressive (resistance-evoking) behaviors appear to be, for many people, automatic ways of responding to conflict. Some disputants routinely make hostile, angry responses when they feel offended. Also, many people seem to believe offensive behaviors of the other party "justify" in-kind, unproductive responses which do not encourage collaborative problem-solving. Disputants may feel offended, angry, fearful, insulted, mistrustful, defensive, or dismissed by the other party. Sometimes they may temporarily forget that they have a choice about how to respond or they may simply feel overwhelmed by the momentary need to ventilate.

Issues of Respect

One of the most common barriers to gaining cooperation and reaching agreements is the perception that "disrespect" has been communicated by the other party. While eliminating or

avoiding behaviors which communicate disrespect to the other party is no guarantee of reaching negotiated agreements, it is clear that engaging in such behaviors rarely leads to cooperation from the other party.

Cultural and other differences lead to differing perceptions about what is and is not "disrespectful" behavior. Individuals may also differ as to the significance attached to "disrespectful behavior" within the context of a dispute. For example, in some cultures (or families), boisterous, verbally aggressive behavior during disputes is more accepted than in others. Also, some behaviors seem to be consistently perceived as "disrespectful," regardless of cultural or family background (e. g., name-calling, threats of physical violence).

When disrespect is perceived by either party, it almost always elicits resistance from the person who perceives it. In addition to substantive differences, this becomes one more barrier to their reaching agreements. Behaviors which demonstrate disrespect appear to fall into the following categories: interrupting, attacks, demands, threats, dismissing or ignoring the others' feelings or rights, and negative attributions and "mind-reading." Each category is discussed below.

Interrupting

Most mediators require agreement from disputing parties to adhere to ground rules for the discussion. One of the most important ground rules used by almost all mediators is "do not interrupt." Some mediators provide paper and pencils for disputants to write down a phrase or thought, rather than impulsively blurting out statements or questions while the other person is talking. The urge to interrupt seems very natural for many people in conflict situations. Yet, interruptions not only interfere with understanding, but are perceived as signs of disrespect. When individuals are attempting to negotiate with one another without the assistance of a mediator to encourage adherence to the ground-rules the likelihood of one or both interrupting the other is great. In addition, the costs of interrupting are equally great because if interruptions are assumed to be acceptable, the chances for understanding to occur, are diminished.

Attacks

On a number of occasions I have observed disputants engage in verbal or nonverbal "attacks" on one another. They may involve "name-calling" (e.g., "You are a brown-noser! "), condescension (e.g., "You mean to tell me that you are just now figuring that out?"), or insults (e.g., "You are lazy!"). I have seen disputants use non-verbal insulting behaviors as well (e.g., heavy sighs, sarcastic laughs, groaning, or rolling of the eyes when the other speaks). Of course, when one party shouts at the other this is usually experienced by the receiver as an attack.

Demands

Often in mediations one participant demands an apology from the other party. While this may be a very natural desire when one has been offended, until the offending party understands and cares that s/he has offended the other, such demands are usually counter-productive. A similar demand I have seen is for one party to insist that the other admit to being (or doing) "wrong." This "win-lose" approach, like the other behaviors described here, tends to elicit resistance, not cooperation.

Threats

Similarly, threats often appear to harm the mediation process. Common threats are, "If you don't change your behavior (or do what I want you to do), I will... (sue you, file a grievance against you, fire you, expose you, embarrass you, harm your future career)." These options are, indeed, alternatives available to disputants. They are often invoked in hopes of forcing the other party to cooperate. However, I have observed that when they have been stated overtly in mediation, they seldom have that effect. Usually, the party to whom the threat is made already knows of these possibilities. Moreover, s/he often feels wronged, as well and threats do not begin to address her/his needs for that particular "wrong" to be addressed.

Dismissing

Some disputants accuse the other party of "being too sensitive." This is often experienced by the "receiver" as dismissing his/her feelings. In one instance, I heard an individ-

ual say, "Frankly, I don't care if you are upset!" Although the speaker may well have been sincere, this unnecessary revelation had a predictably negative effect on the mediation process. It is the antithesis of "cooperation" because it communicates a lack of concern for the very thing that the other party may experience as most important - his/her feelings.

Negative Attributions and Mind-Reading

I have noticed that people involved in bitter conflicts often attribute unflattering motives to others with whom they are in conflict. They often describe them as "bad," "mean-spirited," "stubborn," "thoughtless," "lazy," "dishonest," etc. Of course, sometimes these assessments are not far off the mark. But even when they are accurate, once someone detects that s/he is perceived in these ways her/his desire to find mutually satisfactory solutions almost always lessens. In workplace environments, people regularly experience conflicting values over things like "which priorities are most important," "how to best allocate resources," and "acceptable workplace behaviors." When one individual expresses a prejudice or makes a negative attribution about the motives of another, disputes often become much more intractable because the receiver of such comments usually feels defensive. Examples might include statements such as, "I knew we should never have hired a woman for this position," or "You only care about balancing the budget, not about the well-being of the people who work here." Issues of Trust In addition to issues of disrespect, issues of distrust represent another potential barrier to reaching agreements. I once observed one party tell another that he believed she was lying. When this occurred, reaching agreements became more difficult because of the defensive response that predictably followed. Similarly, if one party does lie about something known to the other party (e. g., one disputant denies that there are plans for layoffs, but the other disputant has seen a memo about it written by the first), the breakdown in trust can be a nearly impossible barrier to resolving disputes.

Blame

A common dynamic which seems to increase resistance occurs when disputants "blame" one another, and accept no responsibility for any part of their dispute. Watching disputants attempt to place blame on one another while simultaneously avoiding taking any responsibility resembles a verbal game of Ping-Pong. One party says, "It's your fault!" and the other responds, "Oh no it's not. I only did x because you did y first!" In the extreme, these behaviors express the attitude, "You are sick (or irresponsible) and I am blameless," and almost always heighten resistance to successful dispute resolution.

Demonizing

Another trust-related issue, related to negative attributions, is that of "demon-izing." In some disputes, one or both parties believe that the other has only harmful intentions toward him/her (e.g., "You would like to see me lose my job."). For the person who demonizes, this becomes a filter through which everything the other person does is seen. When people, who may or may not otherwise exhibit tendencies toward paranoia, become convinced that the other is "dangerous," this perception often inhibits the willingness to cooperate and make agreements to resolve disputes. Once demonizing begins, it is difficult for some people to entertain alternative explanations of events or to trust proposals made by the perceived "demon." And, even when one party genuinely intends no harm to the other, if s/he has been demonized by the other person this represents a significant obstacle to settling disputes.

What Works?

Thus far I have discussed the kinds of behaviors which seem to elicit resistance. Disputants who avoid the twin pitfalls of "communicating disrespect" and "promoting mistrust" certainly have a better chance of experiencing successful conflict resolution. But disputants need to know more than just what not to do. They need to know what works. Those who are most successful seem to behave in ways that are often counterintuitive. They use a "goal-oriented" approach which gives them a greater chance of gaining cooperation. Additionally, they engage in behaviors which do not give the other party new reasons to re-

main in opposition.

"I Statements"

Many of the skills I have seen disputants use to gain cooperation in disputes are not new for counselors. Among these are "making I statements," "effective listening techniques (e.g., "reflection" or "paraphrasing"), and "conciliatory behaviors." I believe that teaching these communication skills to disputants, in private sessions, and/or through reading "homework assignments" prior to discussions with the other party can help clients visualize what is required to give them a better chance of gaining cooperation. One simple example illustrates several of these skills:

> "I am confused about why these questions are important to you."
>
> *Verses*
>
> "You are making me mad by asking all your stupid questions!"

Counselors advocate making "I statements" because they avoid numerous problems associated with "you statements." "I statements" communicate respect and allow the speaker to take responsibility for his/her own feelings (e.g., "I am confused. . ."). This example also demonstrates effective listening (e.g., "I see that these questions are important to you.") and avoids the resistance-evoking responses of minimizing or dismissing the feelings of the other.

Also, the speaker demonstrates respect for the other party by recognizing that the other party's expressed concerns are important to her/him. This can have a positive effect, even if the speaker privately believes the other party should not have those concerns (judging) or has an unflattering motivation for expressing them ("mindreading").

It has been my observation that disputants sometimes initially engage in "trial ballooning" of concerns. They may present a less-threatening concern first in an attempt to evaluate how safe it might be to self-disclose. When there are deeper, more sensitive issues to discuss, disputants who respond to "trial ballooning" with respectful, attentive listening and "I statements" signal that it is safe to proceed. Those who respond with mind-reading, judging, attacks, etc. signal the opposite. Some disputants are self-assured or focused enough to allow the other party to "let off steam." This can be a useful skill, but it requires extreme self-control. For people who have experienced abuse their tolerance for this behavior is often very limited. But if the person "letting off steam" has not expressed her/himself previously, this can signal a breakthrough. It can also provide useful information about the content of the conflict from one person's perspective that the other can respond to in ways that may help resolve it. When disputants who need to off steam" do so with "I statements," it is easier for most people to hear than when they "attack" or "judge." When a disputant needs to set a limit because the emotional intensity is too high, "I statements" are also helpful:

> "I feel threatened when you raise your voice with me and I have trouble listening to what you are trying to tell me. Would you mind speaking in a quieter tone of voice?"
>
> *Versus*
>
> "You're way out of line here! You can't talk to me like that!"

This kind of "meta-communication" can take the discussion to a deeper level by acknowledging that how communication occurs makes a difference. In fact, in many disputes I have seen how communication occurred between the disputants was even more important than what was being communicated. When disputants make and keep agreements about how to talk with one another, it can remove a potential communication impediment and help them move closer to resolving substantive issues.

Effective Listening

Sometimes when one disputant finishes speaking I ask the other disputant to paraphrase what s/he understood to be the essential concerns of the first without judging or attempting to rebut them. This provides an opportunity for one party to demonstrate effective listening (e. g., "It sounds as if your biggest concerns are for your long-term job security and recognition for your accomplishments. Is that right?"). If what the listener believes s/he heard is incorrect the speaker has an opportunity to clarify. If it is right, the speaker knows that the listener understands her/him. Sometimes, this promotes a breakthrough in the dispute because one person has never felt understood by the other about a particular issue. In either case, the listener's eventual correct paraphrase of the speaker's concern can move the parties toward a common understanding of one of the problems to be solved. Individuals negotiating without a mediator can do the same thing for one another (e.g., "If I understand you correctly, you are saying x . . ."). As counselors know, empathy is a powerful communication tool. It is an especially difficult challenge for people to use when involved in conflicts with one another because it is incongruent with "fight or flight" responses. But when done effectively, it not only establishes a respectful tone for conversations to occur, but it also conveys understanding where it may be sorely needed and can provide the impetus for a breakthrough in resolving deadlocks.

Counselors may assist disputants by allowing them to "ventilate" hostile or angry feelings prior to their negotiating with someone privately. While this ventilation is often helpful (and sometimes necessary), it is sometimes not enough. Given the goal of gaining the cooperation of the other party, it is often useful to engage disputants, particularly angry ones, in evaluating the potential effects of their own behaviors on gaining the cooperation of the other party. This is also an opportunity for the counselor to coach the client about more appropriate ways to express anger and to help her/him develop strategies to use when s/he believes expressing anger might be counterproductive (e.g., self-talk, relaxation exercises, taking a time-out).

Conciliatory Behaviors

Another cluster of skills I have seen used effectively by disputants are what might be called "conciliatory" behaviors. These behaviors demonstrate respect and build trust between the parties. Often in conflicts, people are reluctant to acknowledge even valid points made by the other party. It is as if they believe that agreeing will prevent them from getting what they want. Ironically, acknowledging valid points made by the other person often has the opposite effect. Validating that s/he is not completely wrong about every single issue can help him/her to feel safer in making similar acknowledgments. Also by identifying areas of agreement, people can focus their energies on areas of genuine disagreement. Again, this strategy works as well in private negotiations as in mediation. A few examples of conciliatory statements are: "I'd like to see both of us walk out of this discussion happy." "I haven't considered this matter from that perspective before, but I think I can see how it looked that way to you." "You know, I agree with you that we ought to make time management more of a priority for our office in the future." "You're absolutely right about the fact that some people in our office have been allowed a more flexible work schedule than others." "I don't want you to feel so dissatisfied." Another "conciliatory behavior" I have seen have almost magical effects in mediation is for one disputant to acknowledge her/his own mistakes (e.g., "You know, I didn't realize it before now, but I think I did make some mistakes in the way I approached you.") or to make a genuine apology (e.g., "I am really sorry that what I did was so hurtful to you"). In fact, this often seems to have the opposite effect of blaming. I hasten to add that I believe acknowledgement and apology are only effective when they are genuine. When used appropriately, these behaviors make it easier for the other person to also acknowledge mistakes. When this occurs, deadlocks can loosen surprisingly fast.

Conclusion

I believe the negative consequences for disputants engaging in "resistance evoking" behaviors are likely to be even more negative when mediators are not involved to facilitate discussions. Counselors can better assist individual clients who are involved in disputes with family

members, colleagues, friends, or neighbors by engaging them in evaluating the effectiveness of their own approaches and, where indicated, substituting more effective ones. Hopefully, the ideas expressed in this article will provide useful tools for engaging clients in this evaluation. While these ideas will not, by themselves, settle or resolve disputes, I believe their successful implementation will promote a civil climate in which thoughtful discussion and collaborative problem-solving can occur.

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JOURNEY OF THE SOUL

Bret Zerger
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> *Journeys bring power and love back into you. If you can't go somewhere, move in the passageways of the self. [Journeys] are like shafts of light, always changing, and you change when you explore them.*
>
> *Rumi*

An Empty Cup

When I began my investigation and started gathering material to sculpt this piece, I began with a blank sheet of paper that was not soiled with preconceived ideas and opinions in the form of words. However, the very instrument that I used to perform my investigation, the mind, is highly conditioned and full of ideas and opinions. It has been conditioned by my parents, family, culture, environment, education, and by everything that I have experienced since my conception. As I began the personal process of reflecting on the information I had gathered, I realized the biggest challenge was to let go of these conditioned ideas and opinions, and empty my mind.

Perhaps you are familiar with the story of a college professor who goes to see a Zen master to inquire about the ways of Zen. The Zen master first asks the professor what he knows about Zen. The professor takes his cue and begins professing his knowledge of Zen. Every time the Zen teacher attempts to share his knowledge of Zen, the professor interrupts him. Finally the Zen teacher stops talking and begins to serve tea to the professor. He pours the cup full, then keeps pouring until the cup overflows. "Enough!" the professor once more interrupts. "The cup is overfull, no more will go in!" "Indeed, I see," answers the Zen teacher. "Like this cup, you are full of your own opinions and speculations. If you do not first empty your cup, how can you taste my cup of tea (LeShan, 1965)?"

The metaphor of an "empty cup" or an "open mind" shall serve as the starting point. For the remainder of this piece, let's assume that we do not have all the answers. Let's begin with a blank slate, with no preconceived ideas, biases, or opinions that might hinder our attempt at acquiring a new perspective. Let's continue with an open mind and come from a place that does not demand a scientific answer for everything. Pablo Picasso once said that every act of creation is first an act of destruction. By destroying an old idea, habit or belief, we can create something new.

The Circle of Life

The Power of the World always works in circles, and everything tries to be round... The Earth is round like a ball...The wind, in its greatest power, whirls. Birds make their nests in circles. The sun comes forth and goes down again in a circle. The moon does the same and both are round. Even the seasons form a great circle in their changing, and always come back again to where they were. The life of a man is a circle from childhood to childhood, and so it is in everything where power moves.

Black Elk -(Oglala Sioux Holy Man)

I wake up every morning to my Australian Cattle dog whining softly at my bedside wanting to go for a walk. I generally roll out of bed at this time, dress, and greet the new day by walking my dog along the Rio Grande river, which meanders its way within two-hundred yards of my small one room cabin in Colorado. On this particular morning as the sun rises over Mount Blanca, one of the four sacred mountains to the Navajo Indians, I notice that winter has come and gone and spring is beginning to make its presence felt with the birth of fresh green foliage. The once frozen water of the river is now flowing freely between its banks and steam rises above its surface.

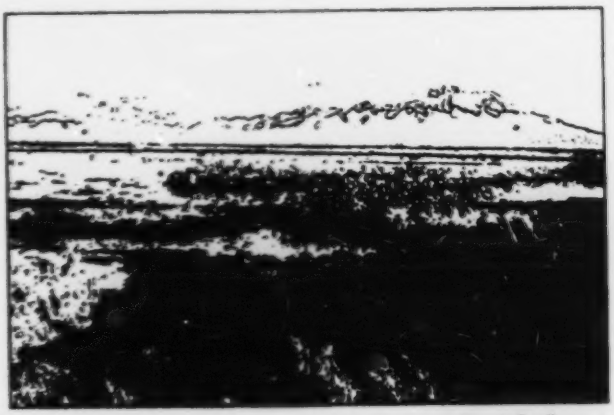


Photo by Brad Zerger

As I ponder the beauty of my surroundings and watch a hawk circle effortlessly through the sky, I realize that my daybreak experience is offering me a message. The circle of life, death and rebirth emanates all around me. My dog and I have both awakened from our daily death, the night's sleep. The sun is coming alive over a sacred mountain as darkness dies and a fresh new day begins. The earth is delivering new life to the plants and trees as the death-like season of winter is overtaken by the birth-like essence of spring. The solid ice of the river has slowly died and given birth to fresh flowing water, which in turn gives birth to the steam that rises and then falls as rain to create new life. Birth, death, and rebirth are a cycle, a circle! Together, nature and I are experiencing death and rebirth. Much like the bear coming out of hibernation in the spring, I am awakening from a deep sleep. Like the sunrise breaking into darkness, I am allowing light to enter my eyes as I open them. I am awake! Nature is awake! We have been born anew!

Suddenly, the circle of life became obvious: that which is born begins to die, and that which dies begins to live. I realized that birth follows death, just like waking follows sleep. I began wondering about the inner struggles I had encountered in life that led to some kind of initiation, some type of death/rebirth cycle? I contemplated numerous occasions in my life where I moved through personal inner struggles in order to eventually die to an old way of being and be born anew.

The search and inner struggle to find one's soul is something that resides in each one of us. Like any journey, we may choose different paths to find the connection within that links us to the unknowable, the cosmic universe, our Creator. We each develop our own personal stories that help express our unique journey.

The Stories

Spiritual development is a long and arduous journey, an adventure through strange lands full of surprises, joy and beauty, difficulties and even dangers. It involves the awakening of potentialities hitherto dormant, the raising of consciousness to new realms, a drastic transmutation of the "normal" elements of the personality, and a functioning along a new inner dimension.

Roberto Assagioli

A Rebirth in the Steam

I enter the darkness naked, crawling on my hands and knees. I am crawling into a cave, a dark womb, a grave, and I feel an inner knowing that part of me is going to die. I am unsettled, anxious and alone as it becomes pitch black inside. All I can see is a faint orange glow emanating in front of me. Stones that have been heated red-hot radiate in the dark. This is the heart of Mother Earth and I am in her womb. It is warm, dark and moist, and I am uncertain of what might happen next.

Water splashes on the glowing rocks and they sizzle as hot steam rolls off of them. Each breath I take draws steam into my mouth and it scorches my throat. I feel panicked and distressed as more hot steam fills my lungs making it even more difficult to breathe. I lay down and put my face to the cool earth and grasp for fresh air. My mind is reeling for answers as I search deep down for the personal meaning behind what is happening. I begin to sob as a voice in my head says, "You will experience a small death tonight." As the sweat pours out of my skin, I feel myself being purged of both physical and mental toxins. I am being cleansed as I slowly begin to accept what is happening. I see a colorful kaleidoscope whirling in the darkness, a rainbow of colors in a mandala-like circular form. I feel as though my surroundings, the warmth, the moisture, the earth, and the darkness of the universe, are cradling me. With an eagle at my side and lightning flashing in the darkness, I am floating through the infinite universe with a complete sense of oneness.

As I completely let go of my fears and allow myself to surrender to the experience, a sudden burst of fresh, cool air hits my lungs. I see a slumberous bear awakening from a deep sleep in a cave of hibernation. My surroundings are blurred as my eyes slowly come back into focus and I begin to crawl out an opening. I feel a sense of freedom as I realize I am leaving this cave, this womb-like entity, head-first as though I am being reborn. I have confronted my most intense inner fears, the demons that have haunted my life up until this day. I am not the same person. I have embarked on an inner journey, a "journey of the soul" that won't stop here. I have been initiated into a life of searching for my own truth. I will now walk a spiritual path and see with new eyes. A part of me has died, yet out of this death I am being reborn. I know I have experienced some type of initiation and the journey will continue.

The Gates of Heaven and Hell

As I walk along the trail. I remind myself to pay attention to my hands. When I look at my right hand the muse leads and when I look at my left hand death leads. I come to a place where a slough enters a large river. I am passing through the gates of hell and I will now enter into the wilderness. I cut through a thicket and enter a small meadow that takes me back to where I started. I ask myself, "Why have I gone full circle through the wilderness?" I must not stop here; I must continue this quest. I must now go to the gates of heaven. I start up a hill towards the summit of a mountain. I feel tired and want to rest, it is as if the devil is trying to keep me from reaching the summit, so I keep pushing myself. Eventually, I arrive at a gate formed by trees. I take a few steps through the gate to the base of a tree and bury myself in the realms of

heaven. "Now my experience is part of the earth; it is anchored and it is real."

Close by, on my left, I notice a large slab of rock. I make my way over to the stone and lay down to bask in the sun. As I ponder my surroundings, I notice a hollow carved in the rock that looks like a chair. "This is my authentic place in the kingdom of heaven." As I sit in my newfound rocky throne, I feel like I have arrived. I look to my left and notice a face-like image in a tree stump, a laughing face. "Death laughs," I think as I laugh with him. As I proceed down the mountain, I think, "I have been through the gates of hell, wandered full circle in the wilderness, and ascended through the gates of heaven where I established my rebirth within the earth itself (Lukoff & Everest, 1985).

Photo by Bret Zerger

Seraphim Angels

As I look to my left I notice an angel in bodily form. Its face is full of fire and therefore I believe it to belong to the highest order of angels. These are the angels who appear as all flame, the ones we call Seraphim. In the angel's hand is a long golden spear with a small flickering flame for its point. It feels as though the angel is piercing the flaming spear through my heart several times, penetrating my bowels, extracting my bowels as the spear is withdrawn, and leaving me full of a flaming passion for God. The pain is immense and I groan; yet there is a tenderness that comes with this pain that I don't wish to relinquish. The pain is not focused in the physical but rather in the mind, although the body shares this pain in a big way. The following connection between my soul and God is so sweet, that I plead with God to allow anyone that concludes I am lying to experience it. (Underhill, 1928).

A Glimpse of Non-Ordinary Reality

Tension is mounting, it is difficult to breathe, and I can feel myself breaking into a sweat. Energy seems to be draining out of my body from some unseen wound as I worry that my heart is about to stop. Perhaps I am dying, I think, feeling the panic rising as a sinister voice in my head keeps suggesting that this is a cosmic plot to destroy me. I feel myself starting to fall into a vortex of some kind, sucked downward with incredible energy. Suddenly, I seem to be floating on a river of liquid light that is entering an enormous cavern. I meet and tame a deadly serpent and a giant bear. I enter a town of strange elfish beings. I find a wise hermit and a sacred mountain. I ride on the back of a flying blue dragon and arrive at the kingdom of the Sun God. I am then burned in the solar furnace as I undergo a shattering death and profound rebirth experience, my initiation (Doore, 1988).

Now that these stories have filled your empty cup, how have you received them? What might you say to each initiate about his or her unique experience? Would you know which of the above experiences belongs to the author, a mystic, a shaman, or someone undergoing a psychotic break or schizophrenia? These initiatory experiences consist of a profound, very frightening encounter with the darkest aspects of existence. These initiates have faced death, aloneness, suffering, despair, and a crisis with meaning. They have

left not only the safety of the mother's familiar womb, but the entire cosmic womb, as a part of the process of initiation.

Initiation

Initiation can best be described as a moment that marks a change. It is a challenge, it is transforming.

Holger Kalweit

There is no single initiation that occurs once and gives us status for the rest of life. Initiation consists of the willingness to set out, to begin, to step into something with no certain outcome.

Michael Meade

The Augustine monk Abraham a Santa Clara said, "Someone who dies before he dies, does not die when he dies" (as cited in Kalweit, 1984, p. 18). Initiation always signifies death and rebirth. In most circumstances, initiation is considered a kind of death/rebirth process that an individual goes through. It forms the basis for rites of passage, which mark the passing from one phase of life to the next. For example, an initiate of Catholicism takes on a new name in addition to their old one. An initiate of shamanism is given a completely new name while taking on a new role within their tribe. The former life is generally destroyed and erased. The death/rebirth process is the central healing agent in tribal religions and it is at the core of shamanism, mysticism, spirituality and religion. Christ, the ultimate mystic, struggled and died in horrible pain only to eventually rise from the dead. Lazarus spent three days in a tomb, Black Elk traveled to the beyond to receive his visions, and many other mystics have emerged from a unique personal experience in a refreshing newborn state (Kalweit, 1984).

Shamanic Experience

Perhaps, through understanding the fascinating and alien figure of the shaman, we can draw somewhat nearer to the numinous, archetypal, living mystery that dwells within each of us.

Terence McKenna

Shamanism works on the basis of two assumptions, the first being that the universe is alive and the second that the universe responds to our wishes. These themes are present in all of us during the early childhood years and the shaman keeps them alive. The shaman lives in a world whereby all events and all things encompass sacred beings and events. They promote co-consciousness whereby they are no longer separate from the cosmos. They are no longer interested in labeling, categorizing or manipulating the universe. The shaman stands in speechless contentment to behold the cosmic mystery (Drury, 1989).

Shamans live a life of mastery and vision. It is clear that their visions come from a non-ordinary reality, an invisible world of dreams, archetypes, and active imagination (Bolen, 1989). They see what most everyone else sees yet they feel or think something different about it (Villoldo, 1996). In this wondrous realm, assertions about the ultimate nature and outer reality are not made. Experiences are instead taken as a basis of a growing appreciation of humanity, nature, and spirit. When the mystical and supernatural are treated as normal, the shaman retains the ability to return to the ordinary world with a newfound understanding and purpose. The shamanic crises is interpreted as the individual's destiny to become a shaman rather than a sign of mental illness (Kalweit, 1987). Perhaps Mircea Eliade (1960) said it best:

> The future shaman sometimes takes the risk of being mistaken for a "madman"...but his

"madness" fulfills a mystic function; it reveals certain aspects of reality to him that are inaccessible to other mortals, and it is only after having experienced and entered into these hidden dimensions of reality that the "madman" becomes a shaman. (p. 80-81)

Shamanic Initiation

In parts of the world marginal to contemporary civilization, the beat of the shaman's drum may still be heard, transporting spirits in flight to regions known to our own visionaries and to men and women gone mad.

Joseph Campbell

For the shaman, illness and death, which are one and the same, are the necessary ingredients of initiation into reality. The healing is only achieved after the acceptance of death. The suffering or illness associated with shamanic initiation is the path to the shaman's awareness. Suffering is a result of being disconnected from the unity of nature, and at the same time it is the guide to removing those things that keep the shaman from achieving the unity of physical and spirit that is their path. The old must die so the new can be reborn. Shamans must cure themselves of their initiatory suffering. These three elements of illness, death and initiation describe in a single movement the shamanic world (Harner, 1980).

According to Eliade (1958), these are some of the common themes associated with shamanic initiation:

Illness. The shaman becomes ill in order to accept death and experience a rebirth as a traveler between known reality and non-ordinary reality.

Physical or sensory deprivation. The shaman undergoes fasting, no sleep, isolation, and darkness. The purpose of this is to integrate the inner and outer worlds, to feel an overall sense of unity.

Journeys to non-ordinary worlds. Visions of caves, rainbows, lower worlds and upper worlds are often featured.

Spirit Allies. Contact with spirits guides or supernatural beings as the shaman reaches for symbols of a unified order of things. Birds, animals and serpents or dragons are common.

Mystical Experience

Our greatest blessings come to us by way of madness, provided the madness is given to us by divine gift.

Socrates

The mystical experience often defies expression. When having a mystical experience, individuals do not seem to actively process the information. The sense of self expands and the boundary between self and environment seems to dissipate. The experience is one of unity (James, 1985). Mysticism is not always of the religious sort; there are cases where mystical experiences are seen as symptoms of insanity. Mystical states include truth and deception as well as pleasure and pain. Whether positive or negative, the mystical experience deserves recognition as an available state of consciousness (James, 1980).

The experiences associated with mystical states of consciousness tend to revolve around common themes. The experiences tend to be unifying and ego-transcending and involve a sense of integration and purpose for the individual. One most often reaches a consciousness that provides a feeling of cosmic

oneness, a feeling of intense unity with the universe and one's place within the unity (Maslow, 1970). The mystic comes to know something previously unknown (Greely, 1974).

Mystics often describe feeling so wonderful that they often associate the experience with the workings of a higher force. At times, the experience is so emotionally overwhelming that it alters the individual's lifestyle (Greeley, 1974). However, throughout history there are accounts of mystical experiences that come with strong negative emotions. These negative forces are commonly manifested in demons or the devil (James, 1985).

Mystical Initiation

According to *Harper's Encyclopedia of Mystical and Paranormal Experience* (1991), these are some of the common themes associated with mystical experiences:

Initial purification. Fasting, solitude, baptism of fire and water, etc.

Mystic communion or communication. Communication with a higher spirit provides protection, nurtures and guides the mystic toward spiritual insight, spiritual awareness, spiritual gifts, and spiritual powers which are needed as weapons to shield against evil intent.

Revelations of holy objects. Visions of angels and other worlds, which provide the mystic with a glimpse into the greater mysteries, creation, and the cosmic universe.

Happiness resulting from communion with God. Experience a true sense of self as the boundary between self, nature, and the cosmos diminishes. Experience an overall feeling of unity or oneness.

Schizophrenic/Psychotic Experience

If the human race survives, future men will, I suspect, look back on our enlightened epoch as a veritable Age of Darkness...They will see that what was considered 'schizophrenic' was one of the forms in which, often through quite ordinary people, the light began to break into our all-to -closed minds.

R.D. Laing

Eighty years after the term "schizophrenia" was used to label a non-ordinary state of consciousness involving visual and /or auditory hallucinations by Carl Jung's teacher, Eugen Bleuler (1950), there remains no universally accepted definition of schizophrenia. The Greek translation of the word actually means "broken soul" or "broken heart." However, Carl Jung (1961) simply defined schizophrenia as a condition whereby the dream takes the place of reality.

Psychotics/schizophrenics are individuals whose inner operations are not considered the normal functioning of consciousness (Lukoff, 1985). John Weir Perry (1999) noted that the schizophrenic experience starts with a personal crisis whereby the psyche's energy moves out of the personal, conscious area, into an archetypal area. Mythic content emerges from the deepest level of the psyche, in order to re-organize the Self. When this happens, the schizophrenic often withdraws from "ordinary" surroundings, and becomes isolated in a dream-like state. There is often a feeling of death and rebirth related to the disorganization/re-organization process. The process of connecting with the unconscious, transpersonal realm is very similar to shamans, mystics, and seers.

Schizophrenic Initiation

Perry (1999) described the following themes as common to the schizophrenic/ psychotic experience:

Personal crisis. The schizophrenic experiences a psychotic break whereby they experience a disintegration of the ego. Experience confusion due to altered state of consciousness.

Visions. Mythical and archetypal themes related to death and rebirth, world destruction and creation, cosmic oneness and religion.

Isolation. A lack of ability to integrate the unconscious symbolism to the outer world results in isolation.

Renewal/Re-organization process. If the schizophrenic is allowed to experience the process within a supportive and nurturing environment, a reorganization of the once fractured soul occurs and the initiate emerges "weller than well."

Non-Ordinary Reality

If the doors of perception were cleansed, every thing would appear... as it is, infinite.

William Blake

When someone has the opportunity to glimpse into the subconscious, transpersonal realms, or non-ordinary realities, it can not only be transforming, but it can pull the dust cover off of the known and ordinary. While the experience may open us up to other dimensions, planes, or worlds, these glimpses beyond "ordinary reality" are often at the expense of the world we know and feel safe and secure in (Snider, 1996).

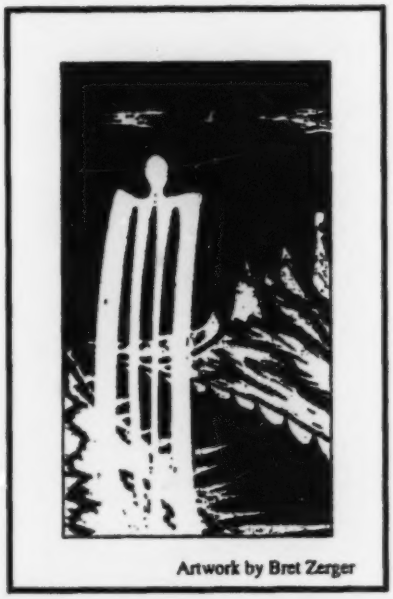
Psychiatrist Stanislov Grof (1996) describes the subconscious as a frontier between the personal and the transpersonal and states that "intimate knowledge of transpersonal realms is absolutely essential... for any serious approach to such phenomena as shamanism, religion, mysticism, rites of passage, mythology, parapsychology, and schizophrenia" (p. 51). It is the transpersonal realm that reflects the connections between the individual and the cosmos. It can be likened to supernatural states of being that are beyond the ordinary boundaries of personality (Grof, 1989). Because of this, those that experience non-ordinary reality, such as shamans, mystics, and schizophrenics, are often shunned by modern society (Grof, 1985).

Early tribal societies not only recognized different levels of reality, but they also left us stories and lore of occasions when these realities overlapped (Halweit, 1987). Stories of shamanic flights and animal guides, journeys to the gates of heaven and hell and voices from elves, angels or demons, are defined and labeled, however, by modern science as a problem to be dealt with by using a cause and effect approach (Snider, 1996).

The older Newtonian physics is based on linear thinking and cause and effect. The newer, now widely accepted, quantum physics stresses a more holistic approach and when attempting to apply cause and effect to the quantum universe we find the "Oz Factor," a point where the understanding of reality no longer fits the described experiences. This "Oz Factor" can be the same phenomenon that troubles science when investigating shamanism, mysticism, schizophrenia, and other areas of the paranormal (Snider, 1996).

Aldous Huxley (1955) put forth the idea that "reality" may simply be too vast for the human brain to comprehend. As a result, we have developed defense mechanisms to make sense of the world, letting in just as much or as little "reality" as we can safely handle. We puzzle over the question of what reality is and the burning desire to define "reality" and "non-ordinary realities?" Jerry Garcia (1996) of The Grateful Dead, one of the most successful bands in rock'n'roll his-

tory, seemed to capture this in his statement regarding the band's popularity. His feelings were: "Part of its magic is that we've always avoided defining any part of it, and the effect seems to be that in not defining it, it becomes everything" (p. 17).



Artwork by Bret Zerger

Shamanism, Mysticism, and Schizophrenic Psychosis as Spiritual Emergence

The inward journey of the...shaman, the mystic and the schizophrenic are in principle the same; and when the return or remission occurs, it is experienced as a rebirth.

Joseph Campbell

Shamanic experiences, mystical experiences, and acute schizophrenic/psychotic breaks involve going through some type of initiatory crisis that at times leads to a spiritual emergence. These three experiences involve an awareness of things that the majority of "ordinary" humans do not pick up. Shamans, mystics, and those experiencing psychotic breaks have discovered naturally available, altered states of consciousness. They have unusual access to spiritual and altered states of experience. These experiences are considered to be characteristic of an illness, although numerous parallels have been recorded that bring these assumptions into question. According to the McKenna's (1975), anthropologists have historically confused shamanism and mysticism with schizophrenia because all three often speak of experiences in other worlds as if they were real.

David Lukoff (1985) found that:

> The phenomenology (imagery, cognitions) of the psychotic condition shares many characteristics with dream experiences, hallucinogenic drug trips, spiritual awakenings, near death experiences and shamanic experiences. The fantastic or bizarre content of reported experiences is not sufficient indication that a person is psychotic (P. 162).

Perhaps many mystics, saints, and visionaries who have reported experiences of divine union have gone through episodes that overlap with psychosis.

Psychologist Julian Silverman (1967) noted the similarities between the crises involved in psychosis and those in shamanic initiations. He also pointed out the lack of a supportive social environment in Western culture as compared with traditional shamanic societies, where the social role of the shaman allows for free access to altered states of consciousness. "For the schizophrenic, the absence of such culturally acceptable and appropriate [access] only has the effect of intensifying his suffering over and above the original anxieties...for the crisis solutions of the schizophrenic are totally invalid ones in the eyes of the great majority of his peers" (pp. 28-29).

When one embarks on an unknown path and begins experiencing levels of awareness or energy that they are unable to handle or have no reference for, then the result can be

a state of crisis. In this state, a person feels highly vulnerable and oversensitive to incoming images, thoughts, and perceptions. Typically they feel overwhelmed, fragmented, fearful, confused and disoriented. According to Ken Wilber (1982), such a crisis may resemble nervous breakdown, but should not necessarily be viewed as such. For the gifted mind, this may be a normal state during which one simultaneously experiences the oneness of the universe and their own interior. Their absorption in inner processes can be bewildering and frightening, and at these times these people need support and reassurance as they undergo their transformations.

Through these experiences of crisis, we can connect with the transpersonal dimension of life, which is the source of chaos, dreams, visions, myths, tales, ritual, and spiritual beliefs. It means joining a greater life, dying to our current self, being reborn into a new sense of self, and finding our emergent potentials.

The Circle Continues

> *When you're on a journey, and the end keeps getting further and further away then you realize that the real end is the journey.*
>
> *Karlfried Graf Durckheim*

It appears that shamans, mystics and schizophrenics pass through psychotic episodes, venture into higher realms, and glimpse into non-ordinary realities. This is why many people consider schizophrenia a "sacred illness" (Kalweit, 1987). However, as Aldous Huxley (1956) pointed out, it is disheartening to learn that visionaries and mystics of the Western world are becoming much less common than they used to be. In the current accepted picture of the Universe, there is little room for valid transcendental experience. Those who do have, or have had transcendental experiences are looked upon with suspicion and are generally labeled as mentally ill. To be a mystic or a visionary in modern times is seen by the masses as no longer credible.

We should not be ashamed of our fantasy life, however many of us have been conditioned to mistrust imagination. This is because the imagined world opens us to the chaotic, uncontrollable, spontaneous, divine world of the soul. However, when attention is focused and spreads into the imagery that is beyond self-gratification, the power of transpersonal energies can initiate deep healing. So, in a sense, we are our images; imagination is reality. By recognizing our boundaries and bumping up against them, we can move beyond them (Jung, 1961). Those that are gifted reach beyond the personal sphere into the realm of the collective unconscious (Perry, 1999).

Perhaps the rediscovery of the importance of experiencing the transcendental, non-ordinary realities, madness, and altered states of consciousness are necessary for human renewal. Maybe Western society has suppressed the "narrative of madness," but the future calls for us to connect with these spontaneous visions and sporadic voices. Perhaps these shamanistic realms and schizophrenic/psychotic realms, or non-ordinary realities, are a step toward a future world that brings us closer to both a mystical and mythical consciousness (Kalweit, 1987). Perhaps some individuals hear ancestral voices, or futuristic voices, louder than others do, but how does one respond when our modern culture says these voices being heard do not exist (Villoldo, 1996)? We may already have the means to understand the experience of initiation, but what we now need is a new attitude.

Perhaps the rejection of altered states of consciousness has led to a lack of recognition of higher states of consciousness. How many shamans, mystics, and seers have been caught in the web of psychiatry's alienation from the world, its false obsession with the idea of "ordinary," or "normal," and it's ever

growing ego? Max Zeller (1991) noted that these experiences speak:

> ...to the unknown hidden realm of the psyche about which we cannot make any direct statement. If not manifest, it looks like nothing at all, a void; the invisible, or not yet invisible. But when vision and dream appear and reveal what was hidden, then void and emptiness give way to meaningfulness and to a feeling of being in touch and being connected...to those lost springs for which we all search and from which all life comes (p.166).

We are all taking part in an initiation, but the question is whether we consciously recognize the greater process that is taking place. The journey does not end here, because the journey has no end. It is an ongoing process that continues the circle of life, death, and rebirth. One cannot accept one's inner self until death itself has been faced and accepted as yet another passage. The "journey of the soul" into the unknown is such a passage. The journey inward and the remembrance of the deepest forms of awareness begins with the knowledge that the answers reside within us. Coming through this journey purifies and releases us so that we can experience enlightenment. Darkness and ignorance are burned away in the flames of the Phoenix, as we are reborn into a new life. If accepted, the "journey of the soul" is a tremendous and enlightening journey.

Photo by Bret Zerger

Another Empty Cup

What we call the beginning is often the end. And to make an end is to make a beginning. The end is where we start from.
T.S. Elliot

I will leave you with another story from the Zen tradition. There was an old monk in China who practiced meditation daily for many years to either be born into enlightenment or die. He had years of peaceful meditation, yet he was never enlightened. He never came to that place of complete stillness or peace out of which genuine change can come. So he went to his Zen master and said, "May I have permission to go to the mountains and practice?" I've worked for years as a monk and there's nothing else I want but to understand the true nature of myself, and this world. I want to become enlightened." Knowing that he was ready, the master gave him permission.

As he climbed a narrow trail up the mountain, an old man walking down the trail appeared before him carrying a big bundle on his back. This old man was actually the Bodhisattva who is said to appear to people at the moment they are seasoned for awakening. He is usually depicted carrying a sword known to cut through all attachment, all illusion and separateness.

As the monk looked the old man in the eyes, the old man said, "Say friend, young monk, where are you going?" The monk re-

plied, "I am going to the top of this mountain to be born into enlightenment or die. This is all I want, enlightenment!" Because the old man appeared very wise, the monk said, "Tell me, old man, do you know anything of this enlightenment?" The old man simply let go of the bundle; it dropped to the ground and in that moment the monk was enlightened. "You mean it is that simple, just let go in this moment and not grasp anything" (Kornfield, 1993)?

Let your awareness drift gently to a state of rest. As the circle continues, we continue this "journey of the soul" as we began, with awareness and an empty cup.

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Case Study:

Coming to Awareness: One Child's Journey

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Melanie is a 15-year old Hispanic female who presented at a University training facility for personal counseling. She was encouraged to seek counseling by her mother, Donna, who was a nontraditional student at the same university. Initially, Donna explained she wanted Melanie to attend counseling to help her with her "anger management problems." Melanie had been expelled from school for initiating a physical altercation with another female student, resulting in injury to her peer. Charges had been filed against Melanie for this incident, and she was on probation. This was the second time Melanie had been expelled from the eighth grade for fighting. Donna was present with Melanie for the first part of the first counseling session, and she was very specific that the problem was with Melanie's behavior and did not have anything to do with their mother-daughter relationship. Melanie had been seen in this setting during the previous semester, attending only three counseling sessions with another counselor. Donna complained that the previous counselor had focused on the mother-daughter relationship. Donna insisted that the focus of current counseling remain solely on Melanie, as there were no problems in their relationship. Several times during this first session Donna stated, "Melanie and I have a great relationship. There is nothing wrong with us. We don't really ever fight or have problems. The problem is just Melanie's anger management."

Family History

Melanie is the youngest of three children, and the only child remaining at home. Her two brothers, Tim and Tony, are 18-years old and 27-years old respectively. Melanie's father has been incarcerated for attempted murder since she was one year old. She explained that her father had a drug and alcohol problem, and that she believes he is innocent of all charges. Unbeknownst to Donna, Melanie has established communication with her father via her paternal grandmother. Melanie has a virtual relationship with her father in that he secretly writes and calls her.

Following her father's incarceration, Melanie's mother had a series of relationships. When Melanie was four years old Donna married Bill, whom Melanie describes as a "violent alcoholic man." Melanie's early life was filled with neglect and physical abuse. She was often left in the supervision of her next oldest sibling Tim, who is three years older than Melanie. Tim was aggressive with Melanie, and while unsupervised he would chase her, beat her, throw knives at her creating mayhem and chaos. Melanie described being petrified and terrorized during most of her childhood. Specific incidents included being punched, kicked, and thrown through a window. In an attempt to protect herself, Melanie would fight back, and regularly barricaded herself in her room at night.

A great deal of conflict erupted between Bill and Tony, the oldest son. Tony became emancipated from the family as a result of continual conflict with Bill. This was tragic for Melanie as she was primarily bonded with Tony. Melanie lost contact with Tony for several years, until her early adolescence. During this time Melanie developed an ulcer; she was 7-years old. She took

of continual conflict with Bill. This was tragic for Melanie as she was primarily bonded with Tony. Melanie lost contact with Tony for several years, until her early adolescence. During this time Melanie developed an ulcer; she was 7-years old. She took medication for it and was bothered by it until age 15. Shortly after she entered therapy the symptoms abated and are lacking today. Melanie attempted suicide at age 8 by cutting her wrists with jagged glass. She reported that she did not require any medical attention and admitted to the therapist that no one in her immediate family even knew she had attempted to take her own life.

Donna separated from Bill when Melanie was 9-years old, and became immediately involved with Larry. Melanie explained, "My mom says Larry is her 'dream man'." Soon after Donna and Larry's relationship began, Donna, Melanie, and Tim moved in with Larry. Tim and Larry had a volatile relationship, resulting in Larry kicking Tim out of the house. Melanie stated she is very angry with Tim for joining a local gang. She further described Tim as "having a problem" with drugs, alcohol and homelessness.

Melanie joined a gang at age 9, after her mother moved in with Larry. Melanie vividly described the process of her gang initiation, which revolved around violent beatings from each member. She left the gang when she was 13-years old, with the leaving process being equally as violent. Melanie admitted that as a gang member she escalated her personal and violent behaviors from physical assaults and physical intimidation to petty crimes. Also at the age of 9, Melanie began smoking marijuana after being introduced to it by a male babysitter at a relative's house. She also acknowledged periods of alcohol abuse. Since first trying marijuana, Melanie has smoked nearly every day, and stated, "Quitting would be really hard to do." She explained her mother is aware of her drug use, but that Donna just tells her "You shouldn't be doing that." Melanie has repeatedly been involved in the juvenile justice system for offenses related to drug use and minor-in-possession charges. She was enrolled in her third different high school, but skips school frequently. Her legal troubles escalated due to her lack of following the terms and condition of her probation, usually in the form of curfew violations, drug use, and lack of school attendance.

With both of her brothers out of the house, Melanie is the only child living with Donna and Larry. She explained that she feels as if she is treated as a visitor, not being allowed to have a key to the house, not being allowed to have friends over, and not being included in family meals or entertainment. In her effort to be compliant, Melanie would come home in time to meet her curfew, but would later leave the house through her bedroom window. She never considered it "sneaking out" as she would always leave a note for her mother indicating where she was going. Melanie stated, "I feel like an intruder in my own home, because you would treat a guest better than I get treated." She felt as if she did not belong anywhere. Melanie refused to speak directly to her mom about her lack of connectedness, because it felt like too much of a physical or emotional threat. Melanie stated she felt Larry stole her mother from her and her brothers, and that Larry and his needs were much more important to her mother than her needs or happiness.

Seeds of Awareness

Melanie was seen for eight counseling sessions during a fall semester. She presented as a sad, shy and quiet teenager, not at all like the rebellious adolescent her history indicated. She politely responded when spoken to, but rarely initiated conversation. Building trust with Melanie was a primary focus in her counseling. It was a slow and steady process.

Within the first three sessions, Melanie reported an incident that personified her relationship with her mother. Melanie recounted how after being injured in a motorcycle accident, she received physical and emotional nurturance and attention from her mother. She acknowledged for the first time in therapy her desire to be close and loving with her mother, while simultaneously realizing it was unlikely, or would only occur as a result of serious injury to Melanie. This was a turning point for Melanie. With tears silently and continuously streaming down her face she was able to vocalize the need to be involved in a meaningful way with her mother. Rejection and rebellion remained within the context of their relationship, yet it appeared Melanie was viewing her mother with more realistic eyes. As trust built between the therapist and Melanie, she began to articulate her

understanding of her behavior. She began to recognize that her behaviors were her best attempt to fulfill her personal needs. She sought out negative and self-injurious behaviors in an attempt to get her mother to actively parent her and to affiliate with someone who could care for her (e.g., peers and gang members). As Melanie's awareness blossomed, her voice became more present during the counseling sessions. She walked an emotional tightrope between identification of her needs and wants as a "bad ass" and acknowledging her true self. This high wire act involved an essential tension between the acknowledgement of her mother's parental limitations and her self-constructed trap as a juvenile deliquent. During the time span of the last five sessions Melanie began to initiate small changes in her behavior, i.e., question the motivation of her behavior, intermittently curtail her drug use and attempt to follow house rules regarding curfew. She reported a reduction in aggressive behaviors and recognized that behaving in that manner was not as useful to her any more. During her final session she tearfully reported that she "just wanted to be loved for who she really was. I don't want to get hurt to get love from my mother."

Therapist Awareness

From the beginning, the therapist worked to establish a clear understanding with Melanie and her mother as to how the counseling sessions would be orchestrated. Especially important was the issue of confidentiality, given that Melanie was a minor. It was agreed among all parties that the specifics of each counseling session would remain confidential for Melanie, with the limits of confidentiality being explained and acknowledged by both Melanie and Donna. The role of the therapist was also clearly defined, e.g. that the therapeutic relationship was between the therapist and Melanie, not between the therapist and Donna. Although this therapeutic dichotomy was initially at the request of the mother, it inadvertently provided Melanie the psychological safety to separate from her mother.

The therapist approached the client-therapist relationship in terms of being a collaborator and mentor versus being an expert. In each session, the therapist intentionally modeled behaviors for Melanie that were aimed at empowering her. These behaviors were focused on increasing her awareness of her "true self", and inviting this "true self" to become more and more present in the therapy room. Melanie had always kept her feelings hidden deep inside (resulting in the development of ulcers in early childhood). During the therapy sessions, Melanie was able to observe and experience the therapist talking openly about the thoughts and feelings she had felt were unsafe to share. The therapist often spoke in first person, as if she were Melanie's voice. In effect, putting words to Melanie's emotions and experiences. In one session, the therapist stated, speaking for Melanie, "I just want to be loved for who I am, not for what I do." Instantly, tears began to stream down Melanie's face. She felt both heard and understood.

In order to deepen the experience for both Melanie and the therapist, the therapist chose to step into Melanie's world as much as one could. For example, when Melanie would talk about illegal and aggressive acts, the therapist would describe two distinct worlds. On the one hand, there was the world of the "rule enforcers." This included the school officials, probation officer, and police officers who could only identify with the "bad ass" side of her and demanded that she change. The other world was an accepting and normalizing place. For example, her fellow gang members supported and validated her aggressive and illegal behaviors, and also provided her a place of acceptance. The gang reinforced for Melanie that her "bad ass" behaviors were not only normal and expected, but even something to be proud of. The therapist brought this struggle between the two worlds out into the open. The therapist shared her understanding with Melanie how part of Melanie could feel as if she had done nothing wrong. Melanie opened up at this point in the therapy, and seemed touched and relieved that someone could understand from her frame of reference. The therapist was careful not to condone the violent acts, and at the same time was able to convey a sense of understanding as to how Melanie could be struggling with these issues. The interweaving of trust, clarification, and non judgmental acceptance by the therapist consistently reinforced for Melanie that she could continue to explore who she really was without fear of ridicule or rejection. Therapy was a safe, holding

environment in which she could allow her self to flourish.

Unfolding Awareness

Melanie returned for service the next semester. She initiated the contact with the therapist and expressed a desire to continue working. Donna, the mother, was invited from time to time to participate, but declined. Melanie presented herself as a young woman who was ready to face some hard truths about herself and her life. Within the first two sessions she disclosed that she felt her behavior "put her in a corner" and left her without many choices. She expressed frustration with how others perceived her and her behavior, "no one would trust that I am or can be different." Melanie's plaintive request was for others to know the "intelligent, exotic, and interesting" young woman she was. Her sessions were now marked by quiet reflection and occasional tearfulness. She intermittently reported feeling that her behavior "put her in a corner" from which she could not escape

Melanie's declaration of "being stuck in a corner" provided the basis for a gestalt-based intervention by her therapist. During the third session Melanie again made reference to the corner. With that her therapist invited her to go to the corner of the room. The corner of this particular counseling room was flanked by a cement support pillar. The space between the corner and the pillar was a mere 15 inches. Melanie's therapist asked for permission to place Melanie between the wall and the pillar, and Melanie consented. The therapist then asked for and was granted permission to place her hand flat in the middle of Melanie's back. The therapist described a gentle pressure that she would apply to Melanie's back while asking her a series of inquiries. This physical contact was intended to provide both support and another source of sensory involvement (touch). The inquiries were meant to explore and process the experience of being "stuck." Sample questions included: "How does it feel for you to be in the corner;" "Tell me what you can see from this vantage point;" "What is it like for you to be huddled into this space?" Melanie responded without hesitation, "It's dark and I can't see anything. There's no one here and I'm all alone."

The therapist then asked Melanie to try to move out of the corner. She began to push backward to escape, but the pressure of the therapist's hand on her back kept her boxed in the corner. The intensity in the therapy room heightened as Melanie's awareness began to unfold. The air was thick with energy. She was able to tell the therapist that her normal pattern of behavior would be to fight as hard as she could to get out of the corner. She began to understand that she was the only one who got hurt or bruised when she became aggressive. Her self-created corner was so encompassing that any struggle on her part meant an intense increase in energy, activity and beating the walls. Melanie was then invited by her therapist to take one step backwards, and turn slowly toward the open room. She did so slowly. As she turned, her eyes widened and then refocused. She took a deep breath and the therapist asked her, "What do you see out here?" Melanie sighed and responded that she saw "hope, possibility and freedom."

This was a critical moment in therapy for Melanie as she began to experience her world with new awareness. Melanie began to describe the hope she had for herself in the future, she could clearly describe how she was and could be different. She disclosed details of her life in therapy that solidified her view of herself as an exotic, intelligent and interesting young woman. These qualities were and had always been a part of who she was. They were now facts, not hopes or dreams.

As therapy progressed, Melanie recounted that now she saw her "true self" and no longer needed the "bad ass" caricature. She reported realizing that this "true self" had always been a part of who she was and now it felt safe for her to display it to herself and others. Melanie indicated that prior to her "going to the corner" that the 'walls' in her life, while restrictive provided support and structure. Now she realized that the open space of the room, and therefore her life, provided support, nurturance and safety from others in a way she never dreamed.

For the first time Melanie developed a positive and respectful relationship with her probation officer. For the first time she utilized her voice to make a healthy plan for her future. This new approach to relationships extended also to her mother. She viewed their relationship more realistically by accepting the limitations in her mother's

parenting style and celebrating their connections. Melanie was able to get her other needs met through supportive family friends with whom she secured a new living arrangement with structure and rules.

Finally, when Melanie's therapist asked her how others experienced the "changes" in her, Melanie smiled wryly and expressed delight. This represented a dramatic change in Melanie's response to others' feedback. In the past she would have been challenging and or abusive when someone questioned her or her behavior. Clearly, her awareness had matured to the point that she understood others would need time to absorb who she had become and perhaps even "test" her. Melanie spoke with more confidence and clarity about who she had become. This confidence was also represented in her public presentation of herself. She carried herself with an air of assurance and openness while recognizing that her journey had just begun. The room was full of possibilities.

BOOK REVIEW:

Learning, Practicing, and Living the New Careering

By Anna Miller-Tiedeman

Reviewed by:
Vickie Wickhorst and Rich Feller

Traditional career counseling has focused on vocational guidance, utilizing trait and factor theory to guide career counselors in working with their clients. This approach has been prescriptive and directive on the part of the career counselor with an assumption that the career counselor, having access to information and testing materials, was better suited to direct a client's options and choices than was the client.

Miller-Tiedeman, in her book, *Learning, Practicing and Living the New Careering,* offers an alternative and more comprehensive approach to career counseling. Miller-Tiedeman suggests that there are now two schools of thought "(a) those who think their training makes them the better judge of an individual's life possibilities, and (b) those who acknowledge no one has all the information the individual has, therefore, the individual perspective occupies primary position" (Miller-Tiedeman, 1999, p. 36). Miller-Tiedeman advocates that career counselors should take a different approach to counseling clients. Faced with rapid change, new technology and a global economy, career counselors cannot practice with a Newtonian view, where job, life, and emotional well being are separate parts. Rather, counselors need to approach life as career. Life-as-career is a quantum approach to life, where life is viewed holistically. Using Miller- Tiedeman's Life-career theory, counselors are taught that everything is related in life, that there are no right or wrong decisions in life, only left and right decisions; that all experiences in life result in learning and growth. With a life-as-career approach, counselors support client self-esteem, values and vision. Miller-Tiedeman offers a fresh, exciting, and dynamic approach to career counseling which benefits both the client and the counselor as each learns from the other.

Learning, Practicing and Living the New Careering is organized into three sections:

1. Learning the new careering: the *what* questions
2. Practicing the new careering: the *how* question
3. Living the new careering: the *why* question.

The first section reviews the history of career: counseling, starting with it's inception at the Vocation Bureau of Boston in 1908 and the work of founder Frank Parsons. Miller-Tiedeman intertwines the use of stories and theory development to educate the reader on the changes in career development theory and practice, including the emergence of her Life-career theory.

The second section of the book addresses how the Life-career approach works in counseling. This section includes the writings of several authors, each sharing how to apply life-as-career in counseling. Miller-Tiedeman points out that the how in counseling is focused on helping clients "[make] a life while making a living, not just the latter. Therefore, the how is not so much ***how to do*** it as it is ***how to undo*** former career development notions, perceptions, paradigms, and attitudes that stand in the way of helping individuals recognize and find value in their individual theories, recognizing life as a partner in the life direction process." (p. 179) This section provides case history as a means to clarify how the Life-career approach works in counseling.

Section three offers a review of the previ-

ous chapters, answering the question as to why counselors should adopt a quantum versus a Newtonian approach to counseling. Miller-Tiedeman provides research results that support the theory that health is directly affected by stress and that a holistic approach to life, one that incorporates life-as-career concepts, results in reduced stress and improved health. Miller-Tiedeman ends her final chapter with a statement which sums up the concepts presented in her book, she states that "The individual who can ...overcome the bitter taste of self doubt, and continue to be guided by his or her experience, intelligence, and intuition will be rewarded with confidence and growth." (p. 324). The concepts presented in her book attempt to educate and challenge counselors to instill their clients with the ability to adapt to change and to follow their life's vision, enabling them to "navigate this thing called life:" (p. 324).

The esoteric nature of *Learning, Practicing and Living the New Careering* is both it's strength and it's weakness. Life-career theory incorporates the principles of Quantum physics and spirituality. In order to approach life holistically we must address issues related to physical, emotional and spiritual health. However, traditional career development theories often focus only on trait and factor theory. Clients have been tested and matched to occupations according to skills and interests they currently possess. Miller-Tiedeman's claim that counselors should look at their clients as their own theorist, possessing more knowledge than the counselor, challenges accepted paradigms in career counseling. To suggest that a counselor should address the physical, emotional and spiritual needs of their clients is revolutionary, as these topics have been divided into specialized areas, each with it's own set of practitioners. The history and value of traditional career development theory is not negated by Miller-Tiedeman, but she does challenge practitioners to take existing theory into new territory.

Miller-Tiedeman also addresses issues facing career counselors as a result of the changing economy. She states that "While career development professionals work on aspects of theory, practice, certification, licensing, and registration, the on-line career centers flourish, offering a smorgasbord of career help." (p. 42) In this statement she challenges current career development professional to practice the very approach to career development that she advocates they should teach. Failure to adopt Life-career theory will result in career development professionals suffering the same plight as their prospective clients, sensing a loss of direction and an end to an occupation. The vast resources available on-line are replacing the services of career counselors who simply attempt to match occupations with skills and traits. The questions posed and answered by Miller-Tiedeman is "what kind of things can helping professionals do that could interlink with the high-tech-on-line career centers?" (p. 42)

The book is well organized. Each chapter begins with a summary of contents and ends with a review, discussion questions, classroom/group exercises and a homework assignment. Also included is a list of references and an index for easy search of the text. The book lends itself well to use as a classroom textbook, a career counseling tool, and as a guide for those seeking to better understand themselves and their role in life.

Practicing and Living the New Careering makes a significant contribution to the career development literature. Miller-Tiedeman presents a succinct history of career development theory and proposes a new model to enhance both the research and practice of career development. The difficulty for researchers and practitioners may be the inability to distill the results of the Life-career model into quantitative measures. Another difficulty for career development professionals may be the non-directive, non-prescriptive approach of the Life-career mode. Clients are encouraged-to "bumble and fumble" as they explore possibilities. The emphasis on "listening to the heart" presented by Miller-Tiedeman may prove difficult for counselors trained to take a non-emotional, analytical approach to matching clients with occupations that best fit their skills and traits. Miller-Tiedeman suggests that some of the great contributors to a field, such as author James Michener, would have missed their calling if they had taken seriously the advice of those more highly trained than themselves, rather than listening to their hearts.

It is recommended that Life-career theory and the book, *Practicing and Living the New Careering*, be incorporated in the instruction of students in the fields of career development, mental

health, and counseling. The book also offers practicing counselors an integrative update, and the means to assist individual clients progress as they take more responsibility for their own journey and "life as career". This book will introduce new ways of thinking about career; helping students, professionals and clients understand that career is not about the next job, it is about the process of living.

"We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time."

T.S. Elliot

Guideline for submitting manuscript....

Awareness-The Journal of the Colorado Counseling Association invites original manuscripts on topics or issues of particular interest to those in the counseling profession. All material should communicate ideas clearly. Articles are expected to contain recent information and reflect current research and trends within counseling disciplines. Book reviews, case studies, and "personal" journeys are also encouraged.

Manuscripts will be sent to appropriate experts for blind review. Authors will be notified as to the disposition of a submitted manuscript. All submissions must be received no latter than February 1 in order to be included in the following fall issue of *Awareness*.

Awareness includes artwork , photography, and poetry. Submissions of these are encouraged. Any artwork needs to be in black and white and camera-ready. Photography must be in black and white and no larger than 5"x7".

Please send all submissions to Susan Varhely, Editor, *Awareness Journal*, Adams State College, ES 303, Alamosa, CO 81102.

*Submit four clear copies, along with a 3.5" floppy disk containing the manuscript in Word processing form. Submit in microsoft word (.DOC) or Rich Text Format (.RTF). RTF is preferable.

*Double-space material, including references, quotations, tables, and figures.

*Cite sources correctly in the references.

*Use tables sparingly and type them on separate pages. Supply graphs, illustrations, and drawings as camera-ready art.

*Follow the *Publication Manual of the American Psychological Association*, 5th edition.

*Use inclusive language.

*Use current research as much as possible.

*Document research and sources correctly.

*Authors bear responsibility for accuracy of references, quotations, tables, and figures.

*On a separate page, record your name, position, title, place of employment, mailing address, telephone number, and e-mail address.

*Do not submit material that is under consideration by another periodical.

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